

# Mécanismes de résistance chez les bacilles à Gram négatif et impact sur le choix des nouveaux antibiotiques



Nationales Referenzlaboratorium zur Früherkennung  
neuer Antibiotikaresistenzen und Resistenzmechanismen



French INSERM European Unit,  
University of Fribourg, Switzerland



Prof. Patrice Nordmann

# Clinically-relevant multidrug-resistant Gram negatives

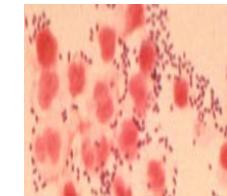
Enterobacterales (*E. coli*, *K. pneumoniae*...)



*Pseudomonas aeruginosa*



*Acinetobacter baumannii*



# **Extended-spectrum $\beta$ -lactamases in Gram negatives**

**Penicillins**

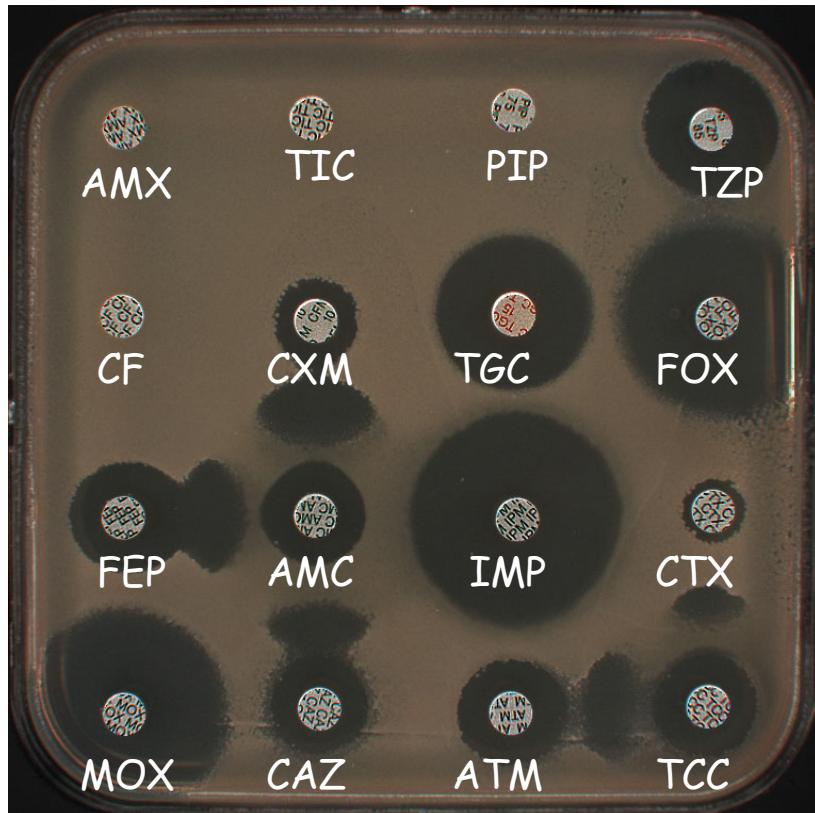
**Cephalosporins**

**Carbapenems**

**Extended-spectrum  $\beta$ -lactamases (ESBL); CTX-M**

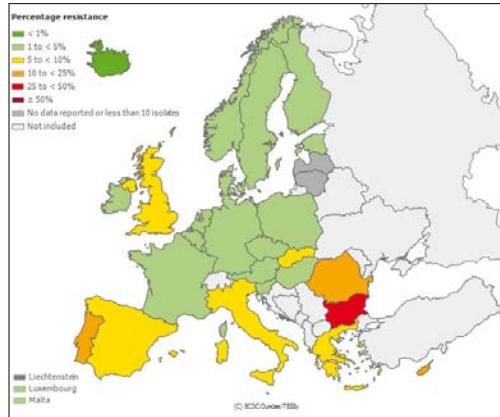


# Multidrug resistance of ESBL-producing *Escherichia coli*

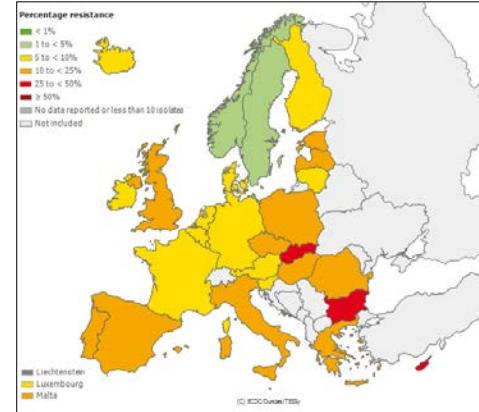


# Enterobacteriaceae: Resistance to 3rd Generation Cephalosporins

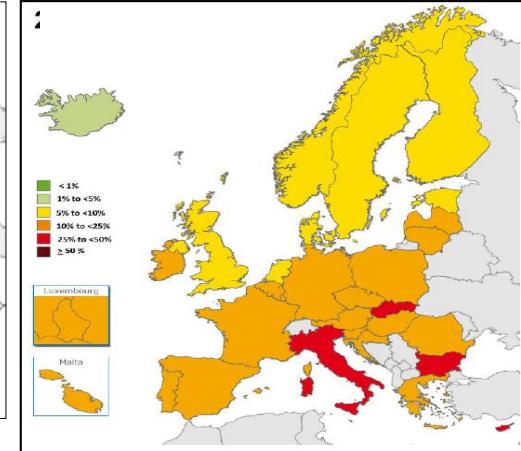
*E.coli*



2005

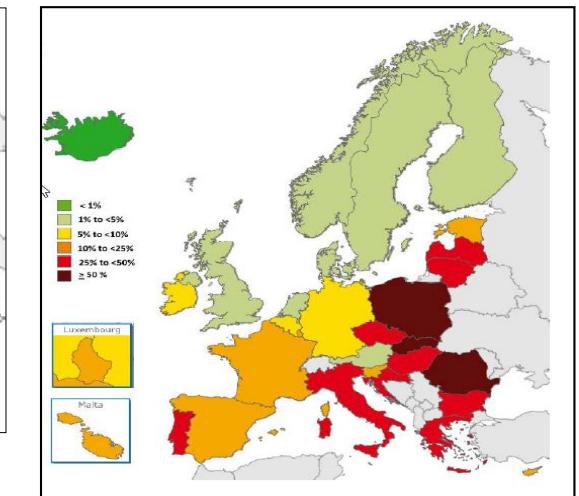
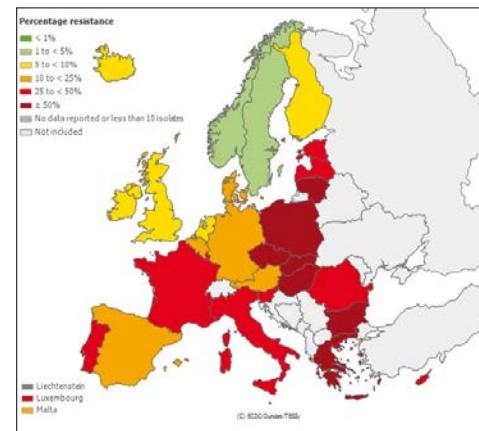
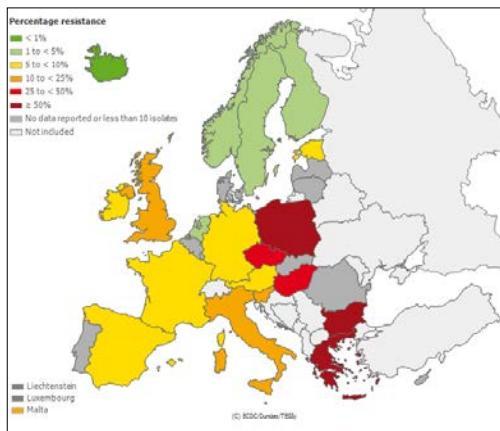


2011



2016

*K.pneumoniae*



EARS-Net surveillance data, November 2017

# Carbapenem Resistance: the most frequent mechanisms of resistance in Enterobacteriales

*Enterobacteriaceae* (+*Enterobacter* spp.)

- Overproduced cephalosporinase
- Plasmid-mediated cephalosporinase
- Plasmid-mediated ESBL



Resistance to CHIIG

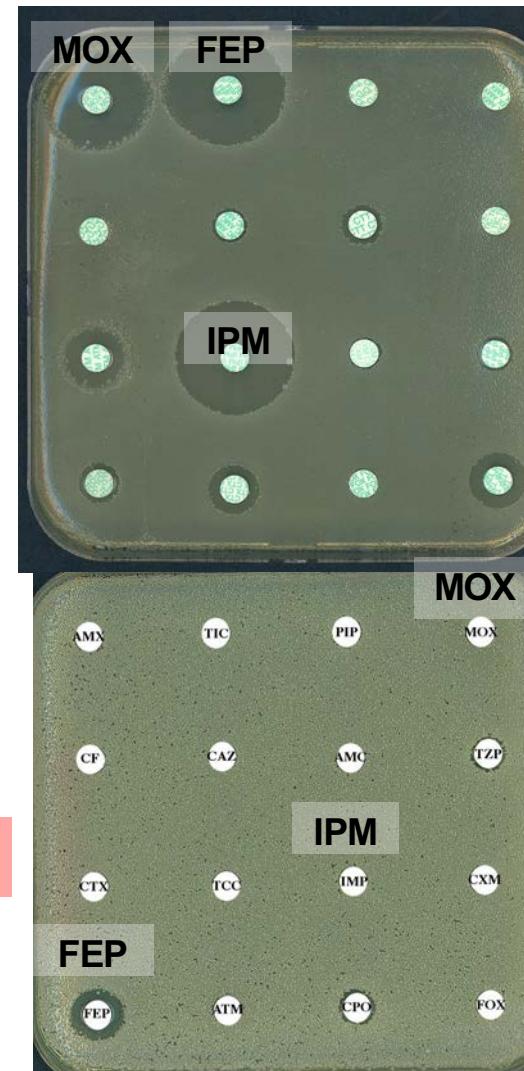
Decreased OM permeability



Additional Resistance to carbapenems

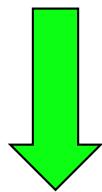
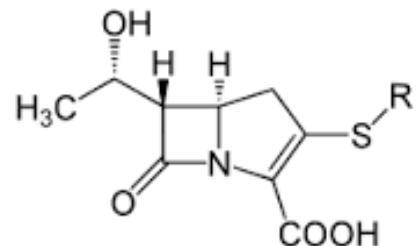
Lee EH, Nicolas MH, Kitzis MD, Pialoux G, Collatz E, Gutmann L.  
Association of two resistance mechanisms in a clinical isolate of  
*Enterobacter cloacae* with high-level resistance to imipenem.

Antimicrob Agents Chemother. 1991, 35:1093-8.



# Important Emerging Resistances to Antibiotics

## Carbapenems



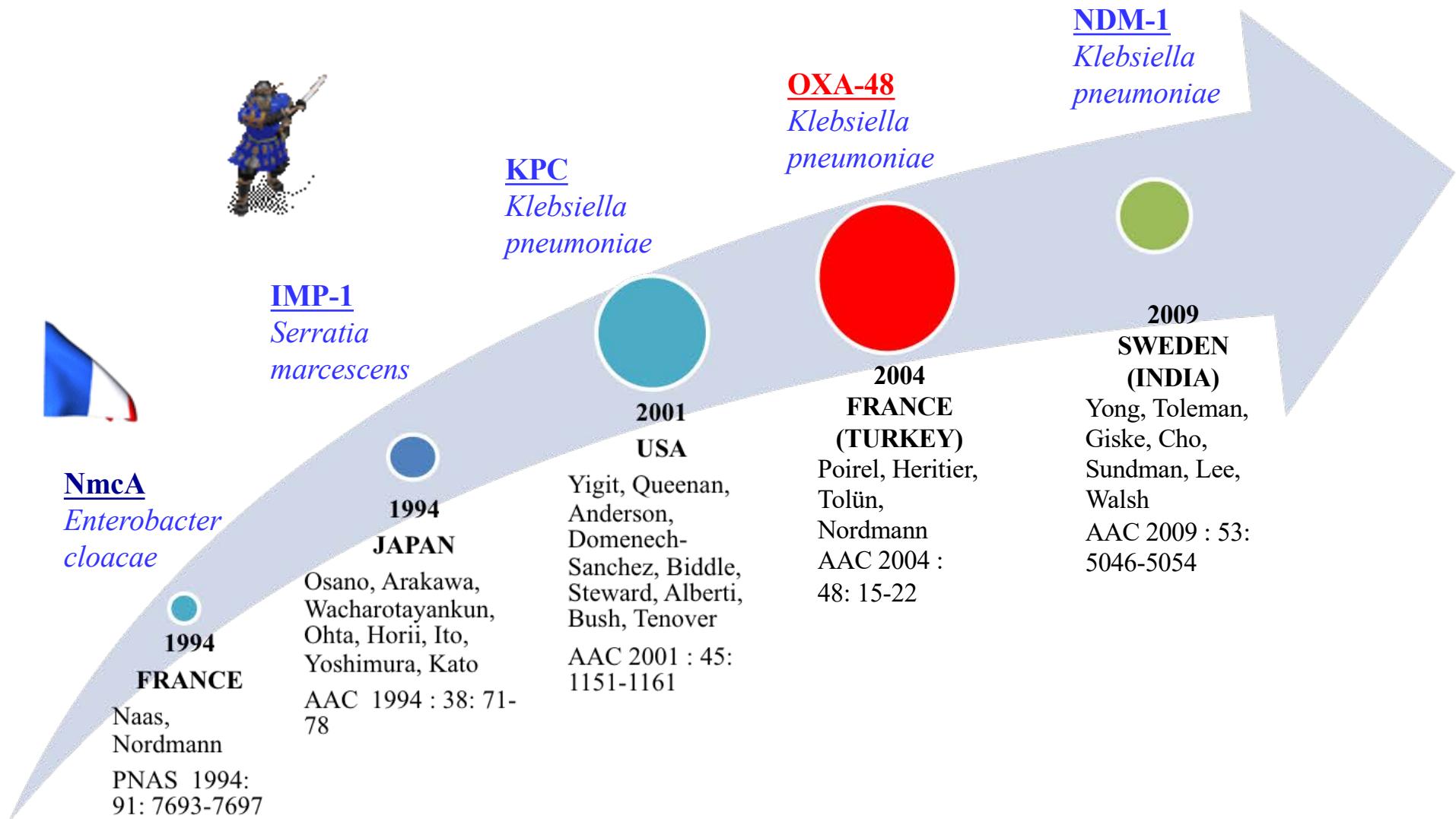
Carbapenemases

# Carbapenemases; triple difficulties

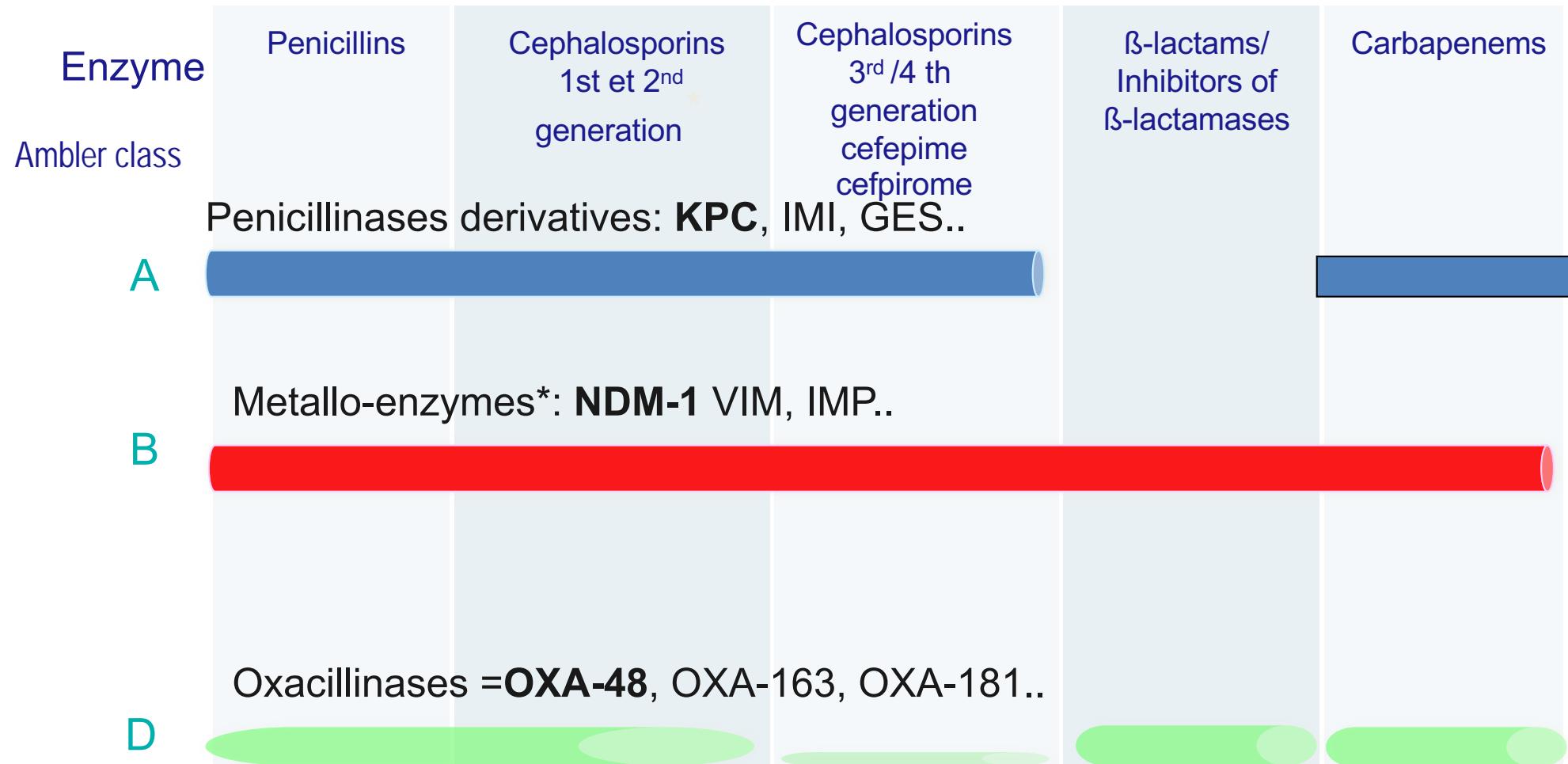


- Difficulty of detection
- Difficulty of treatment (owing to their multidrug-resistant character, with few drugs remaining active)
- Difficulty to limit their transmission and spread and therefore to control outbreaks (local, regional, national, pandemic).. Spread as a community-acquired pathogen

# Emergence of carbapenemases in *Enterobacteriaceae* worldwide



# The carbapenemases in *Enterobacteriaceae*



\* Aztreonam excluded

# KPCs: Klebsiella pneumoniae Carbapenemase



ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Apr. 2001, p. 1151–1160  
0886-6233/01/550401-10\$04.00 © DOI: 10.1128/AAC.45.4.1151-1160.2001  
Copyright © 2001, American Society for Microbiology. All Rights Reserved.

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## Novel Carbapenem-Hydrolyzing $\beta$ -Lactamase, KPC-1, from a Carbapenem-Resistant Strain of *Klebsiella pneumoniae*

HESNA YIGIT,<sup>1</sup> ANNE MARIE QUEENAN,<sup>2</sup> GREGORY J. ANDERSON,<sup>1</sup>  
ANTONIO DOMENICH-SANCHEZ,<sup>3</sup> JAMES W. BIDDLE,<sup>2</sup> CHRISTINE D. STEWARD,<sup>3</sup>  
SEBASTIAN ALBERTI,<sup>4</sup> KAREN BUSH,<sup>2</sup> AND FRED C. TENOVER<sup>1\*</sup>

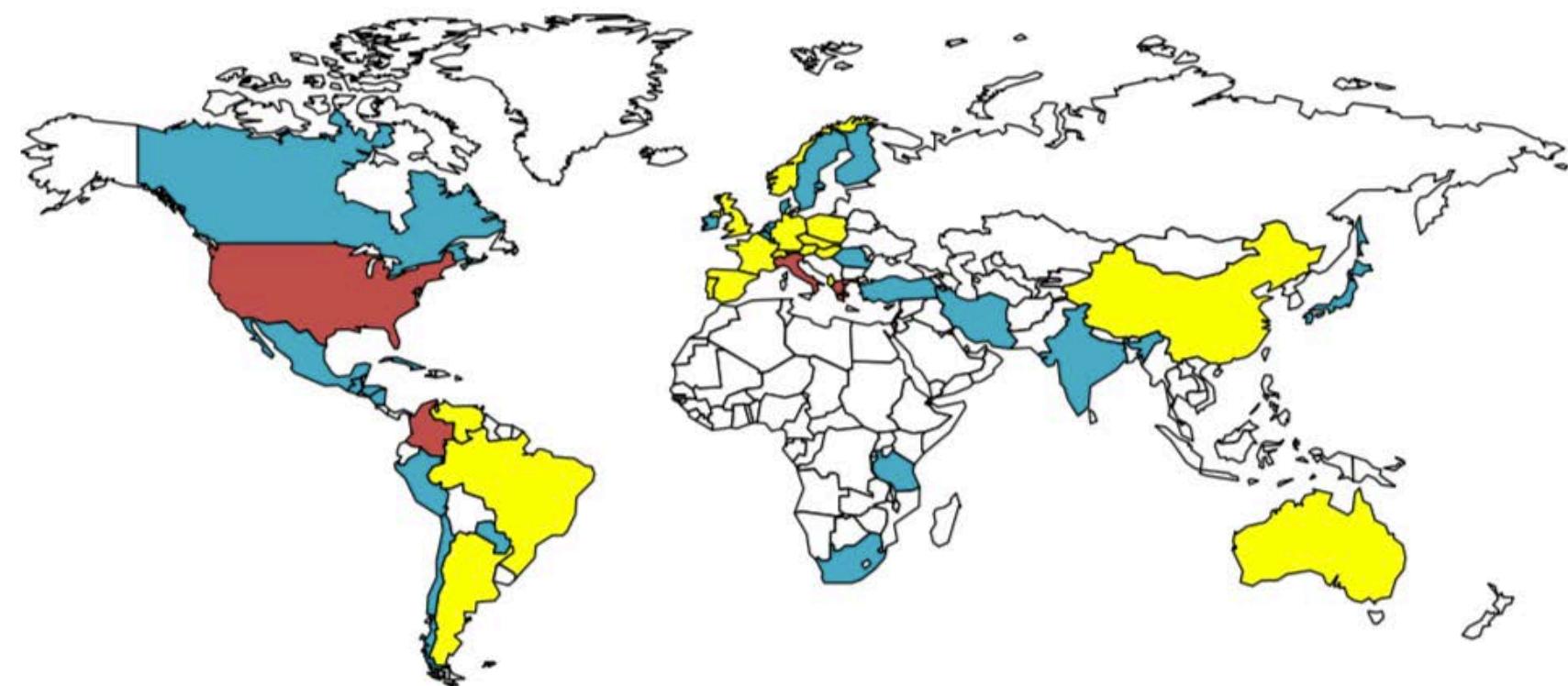
*Hospital Infection Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia 30333; The R. W. Johnson Pharmaceutical Research Institute, Raritan, New Jersey 08860;<sup>2</sup> and Unidad de Investigación, Hospital San Durán, Andratx Dorsia, Palma de Mallorca, 07014,<sup>3</sup> and Área de Microbiología, Universidad de las Islas Baleares, Crta. Valldemossa, Palma de Mallorca, 07071,<sup>2</sup> Spain*

Received 19 September 2000/Returned for modification 21 November 2000/Accepted 23 January 2001



# Worldwide Epidemiology of Carbapenemase-producing *Enterobacteriaceae*

## KPC producers



- Unknown
- Sporadic spread
- Outbreaks reported
- Endemicity

*K. pneumoniae-* hospitals

Bonomo et al., CID 2018;  
Nordmann et al. EID 2015

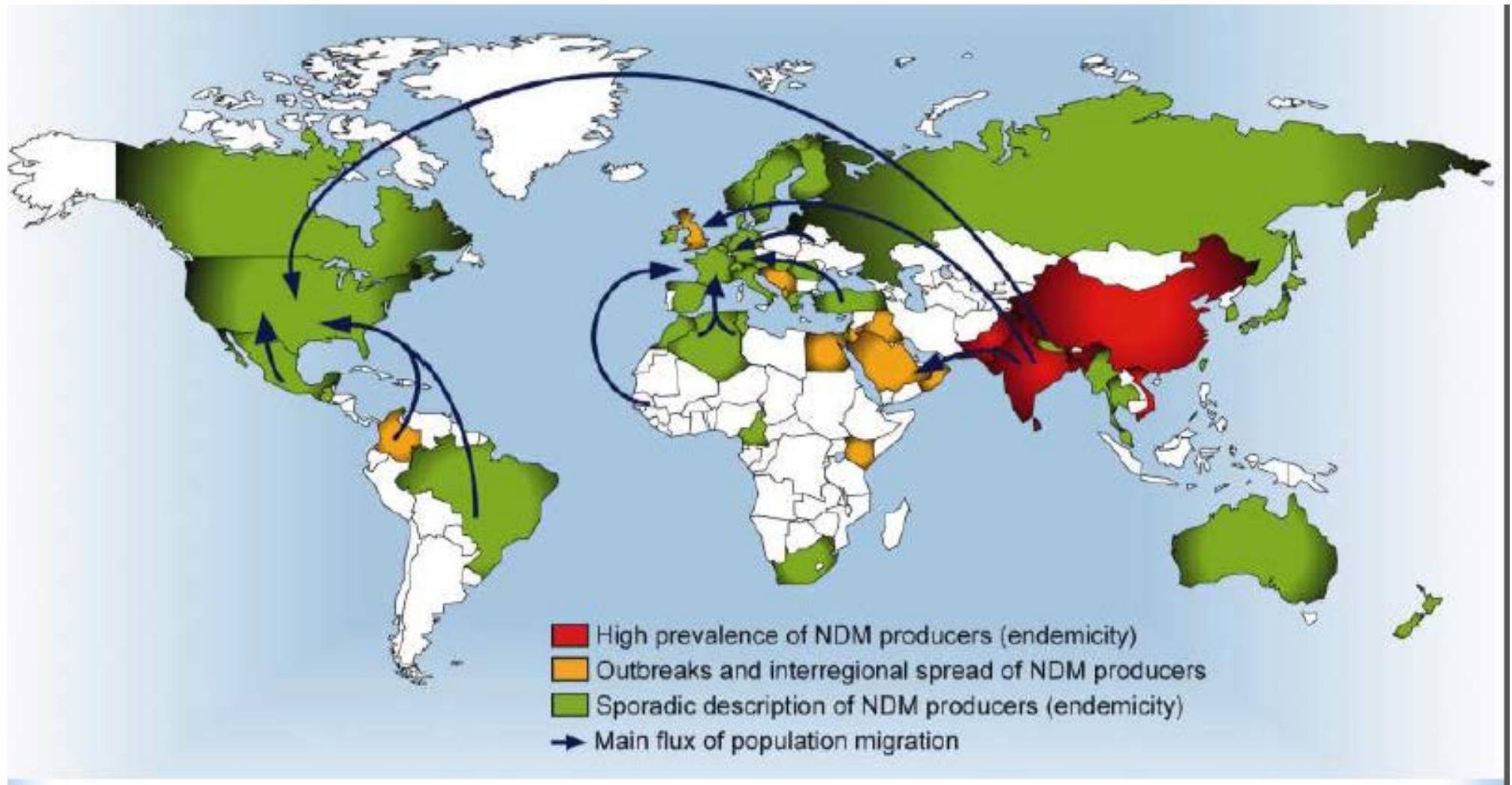
# Characterization of a New Metallo- $\beta$ -Lactamase Gene, *bla*<sub>NDM-1</sub>, and a Novel Erythromycin Esterase Gene Carried on a Unique Genetic Structure in *Klebsiella pneumoniae* Sequence Type 14 from India<sup>†</sup>

Dongeon Yong,<sup>1,2</sup> Mark A. Toleman,<sup>2</sup> Christian G. Giske,<sup>3</sup> Hyun S. Cho,<sup>4</sup> Kristina Sundman,<sup>5</sup> Kyungwon Lee,<sup>1</sup> and Timothy R. Walsh<sup>2\*</sup>

*Yonsei University College of Medicine, Research Institute of Antimicrobial Resistance, Seoul, Republic of Korea<sup>1</sup>; Department of Medical Microbiology, Cardiff University, Cardiff, United Kingdom<sup>2</sup>; Clinical Microbiology, MTC—Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden<sup>3</sup>; Yonsei University College of Life Science and Biotechnology, Seoul, Republic of Korea<sup>4</sup>; and Department of Clinical Microbiology, Örebro University Hospital, Örebro, Sweden<sup>5</sup>*

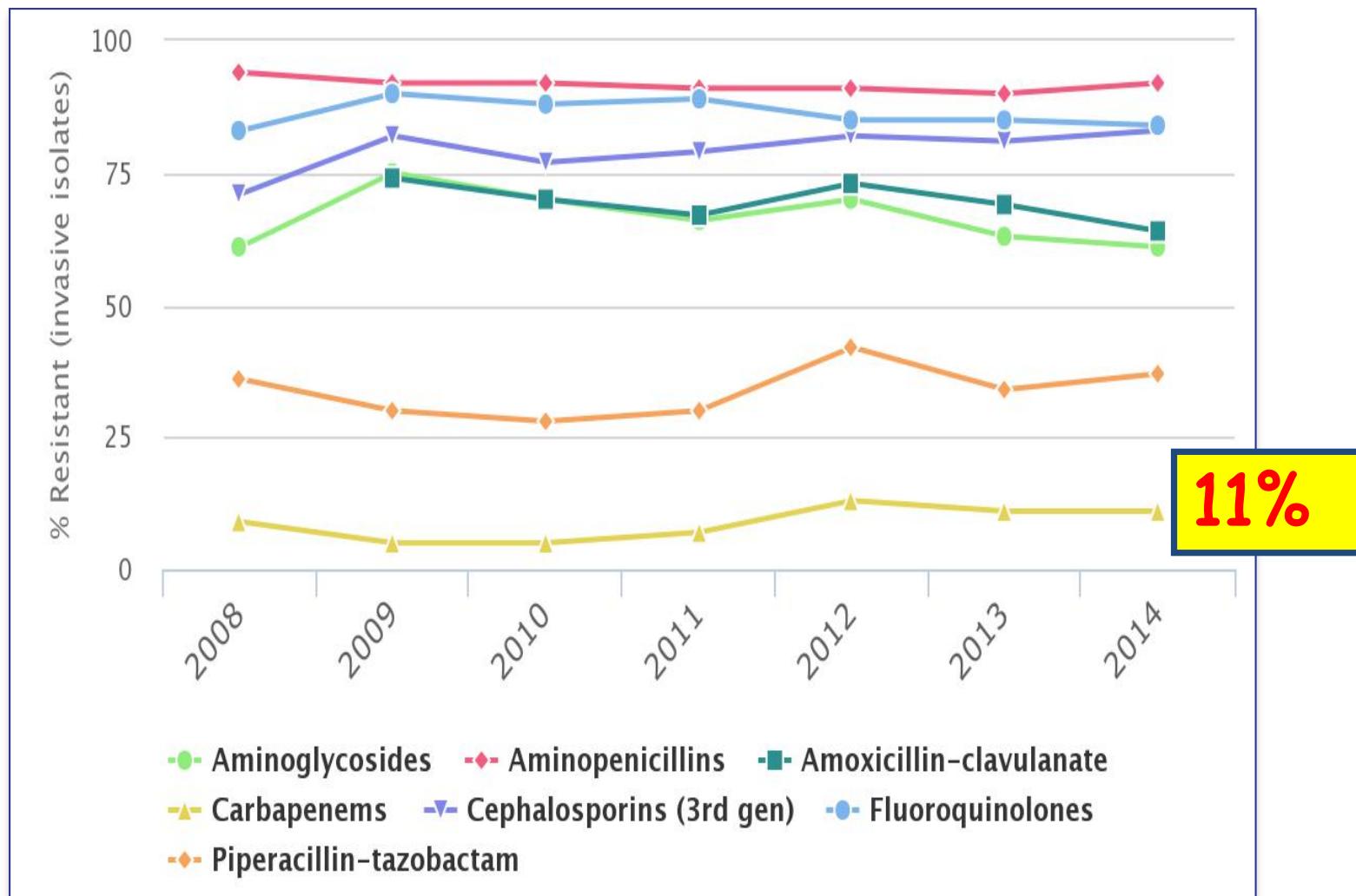


# Worldwide spread of NDM carbapenemases in *Enterobacteriaceae*



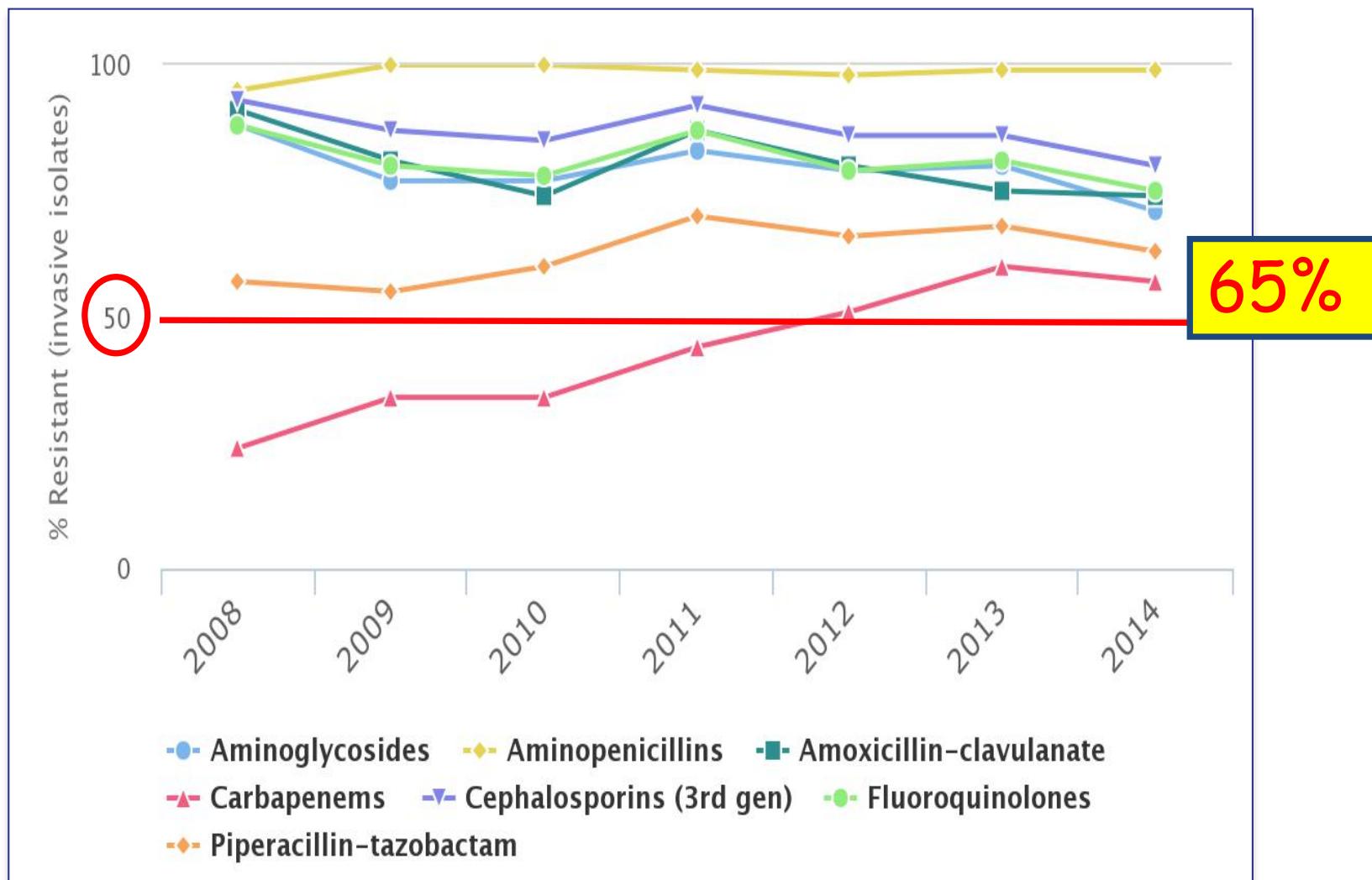


# Antibiotic resistance of *Escherichia coli* in India



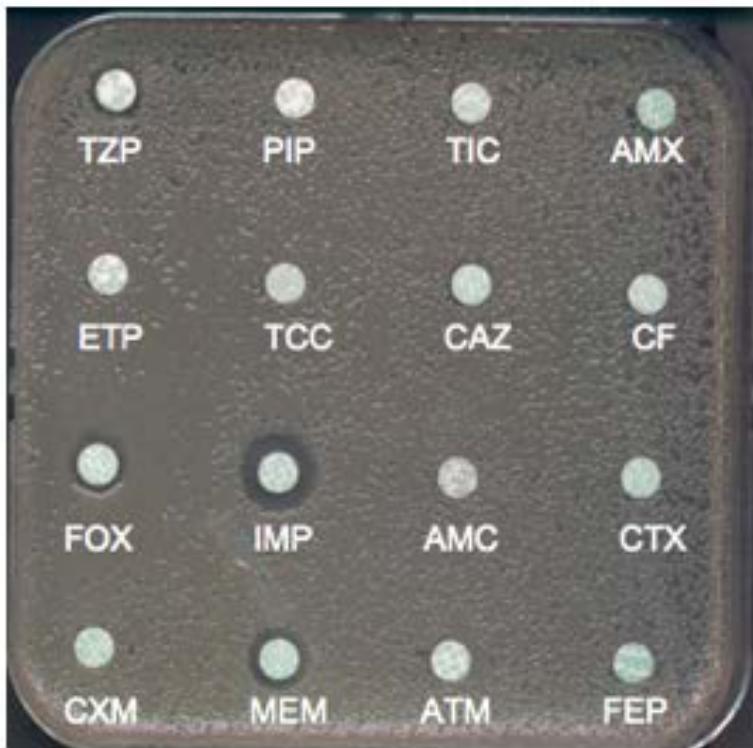


# Antibiotic resistance of *Klebsiella pneumoniae* in India





# OXA-48 + CTX-M-15



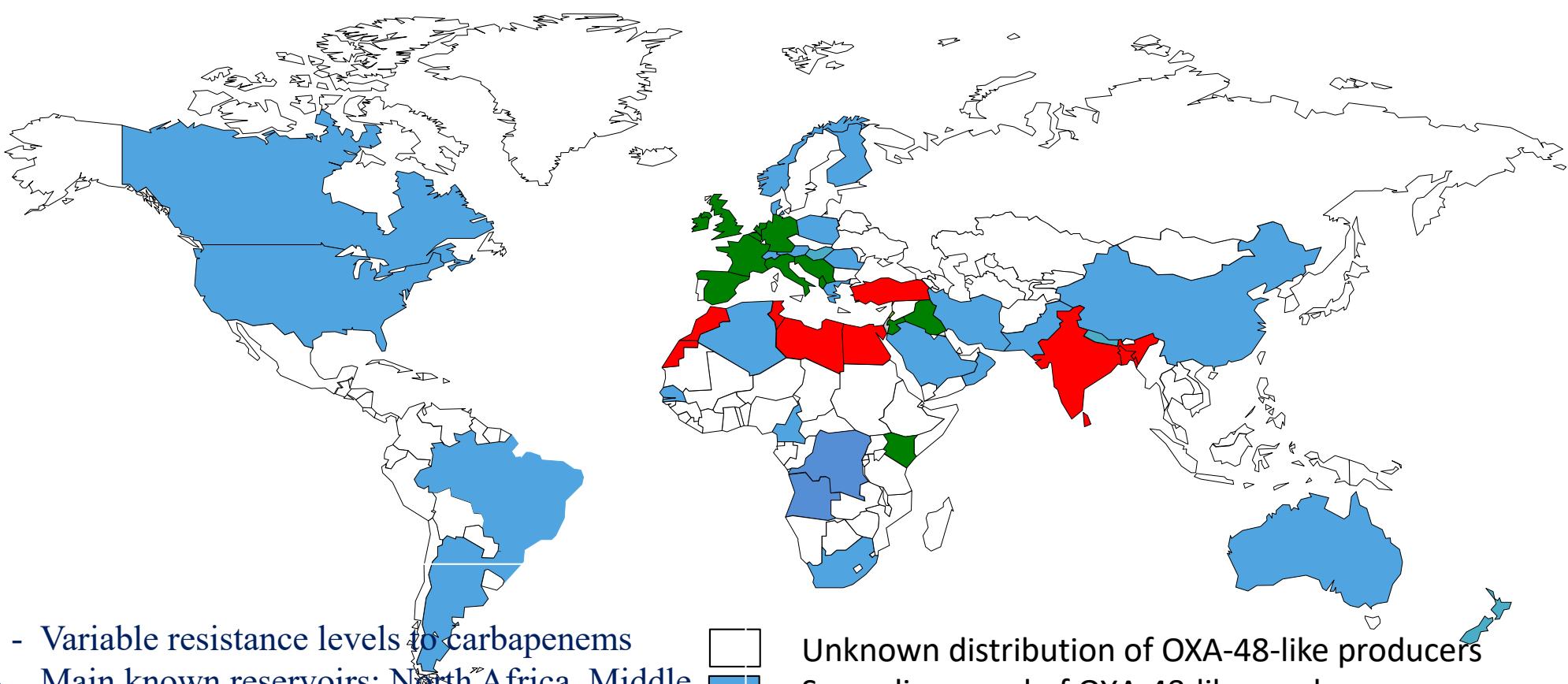
ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Jan. 2004, p. 15–22  
0066-4804/04/\$08.00+0 DOI: 10.1128/AAC.48.1.15–22.2004  
Copyright © 2004, American Society for Microbiology. All Rights Reserved.

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## Emergence of Oxacillinase-Mediated Resistance to Imipenem in *Klebsiella pneumoniae*

Laurent Poirel,<sup>1</sup> Claire Héritier,<sup>1</sup> Venus Tolün,<sup>2</sup> and Patrice Nordmann<sup>1\*</sup>

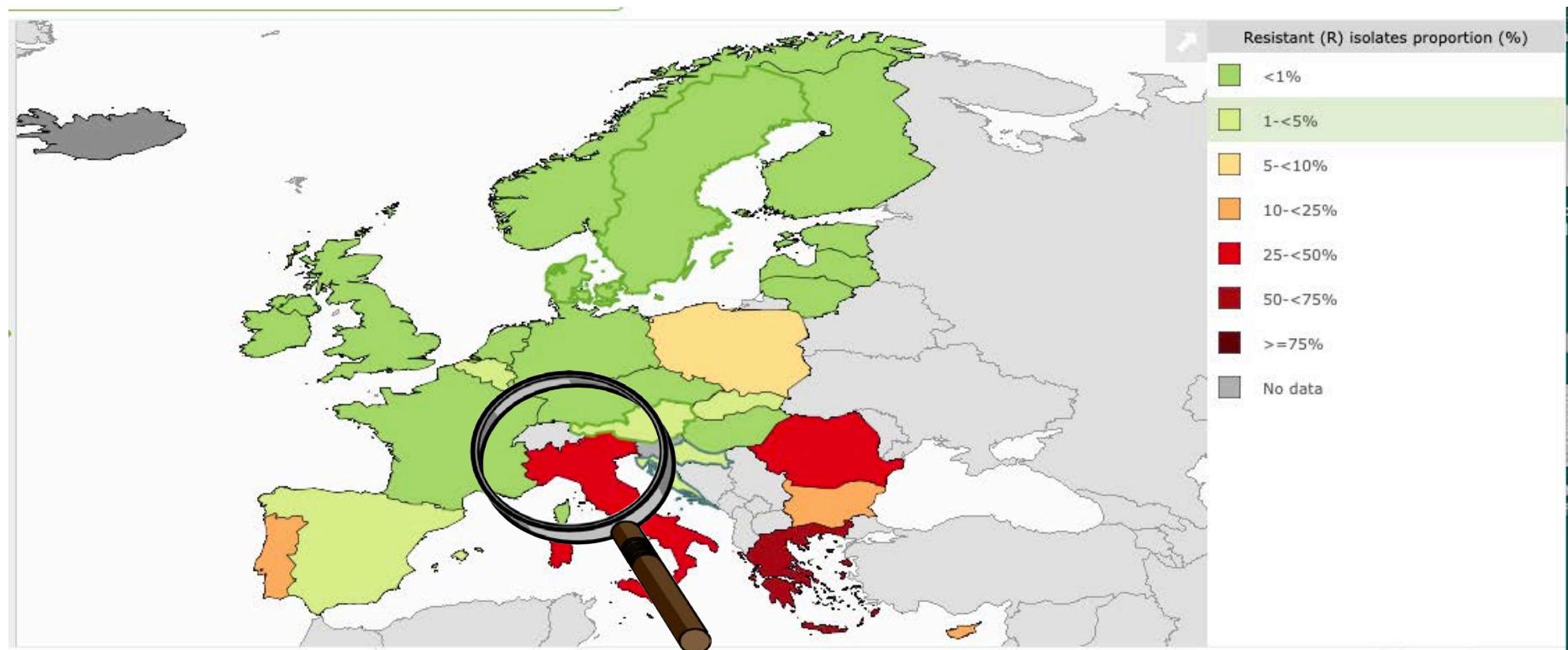
# OXA-48-like producers- Enterobacterales, 2018



- Variable resistance levels to carbapenems
- Main known reservoirs; North Africa, Middle East, Turkey and India
- **Community acquisition(++)** High frequency transfer
- *K. pneumoniae, E.cloacae, E.coli* (++)



Unknown distribution of OXA-48-like producers  
Sporadic spread of OXA-48-like producers  
Outbreaks due to OXA-48-like producers  
Endemicity of OXA-48-like producers



# *E. coli* OXA-244 (OXA-48-like)



Ongoing dissemination of OXA-244 carbapenemase-producing  
*Escherichia coli* in Switzerland and their detection



Amandine Masseron <sup>a</sup>, Laurent Poirel <sup>a,b,c,\*</sup>, Linda Falgenhauer <sup>d,e</sup>, Can Imirzalıoglu <sup>d</sup>, Julie Kessler <sup>c</sup>,  
Trinad Chakraborty <sup>d</sup>, Patrie Nordmann <sup>a,b,c,e,f</sup>

<sup>a</sup> Medical and Molecular Microbiology, Faculty of Science and Medicine, University of Fribourg, Switzerland

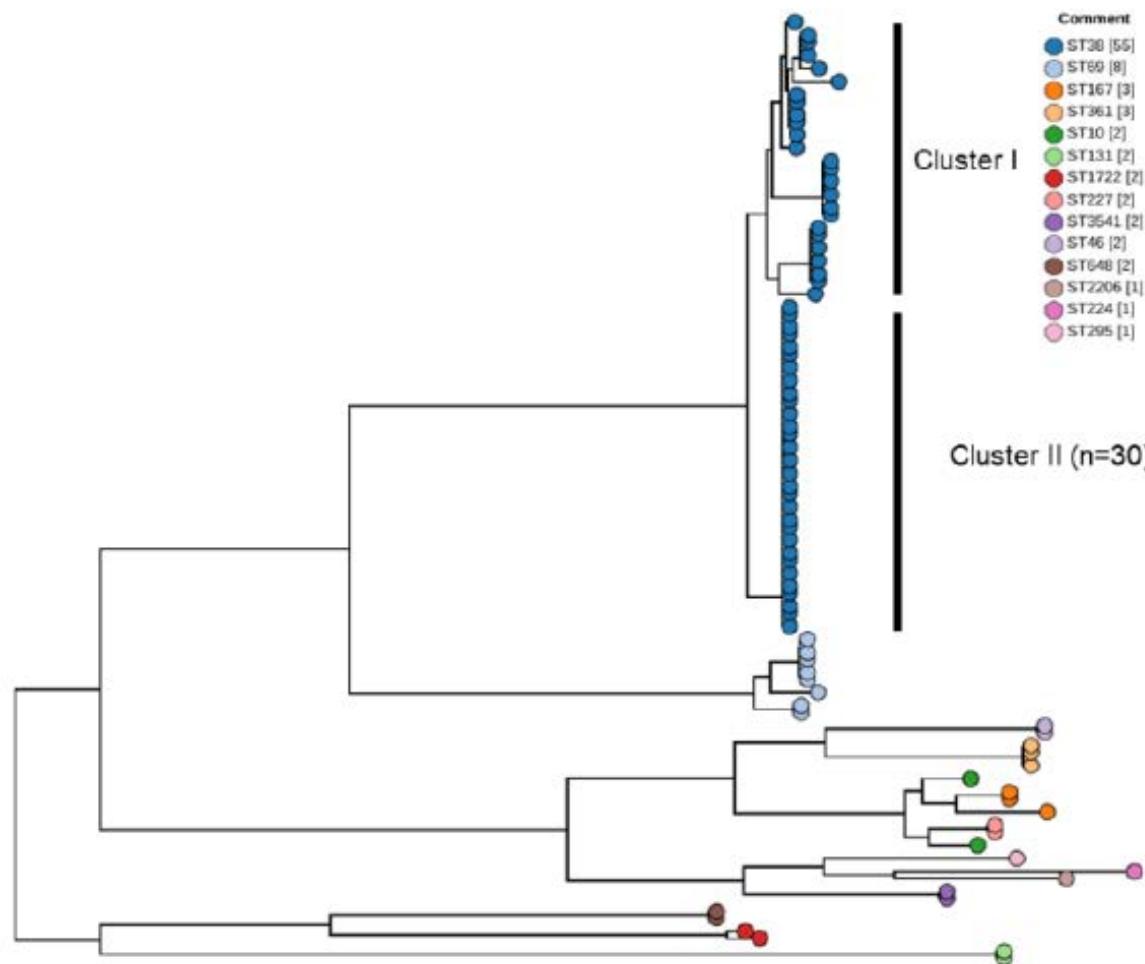
<sup>b</sup> INCBM/European Unit (INME), France, University of Fribourg, Switzerland

<sup>c</sup> Swiss National Reference Center for Emerging Antimicrobial Resistance (NARA), University of Fribourg, Switzerland

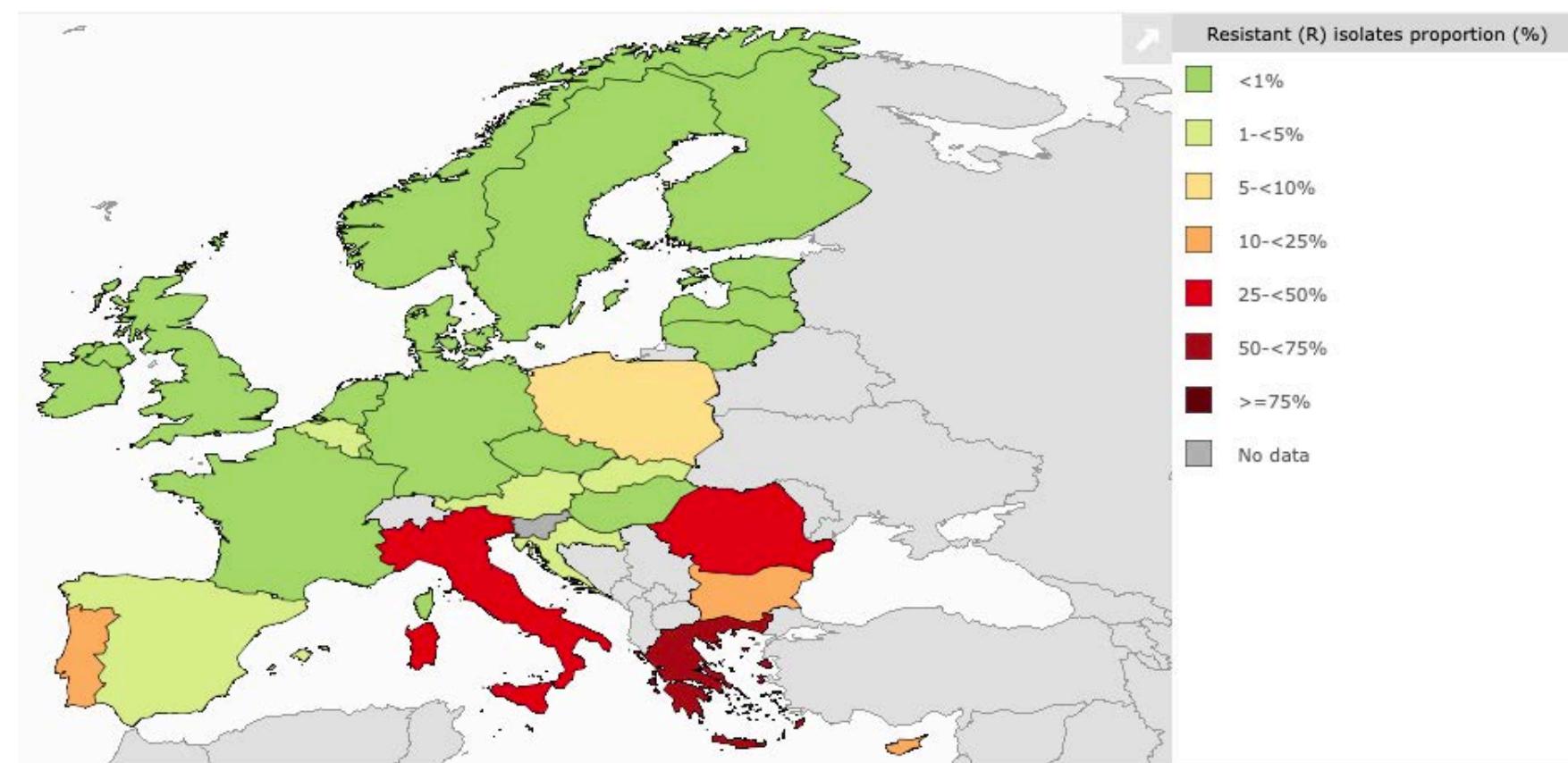
<sup>d</sup> Institute of Medical Microbiology, and German Center for Infection Research (GEF), Former: St. Georgen-Merkingen, Jena, Georg-August University Göttingen, Germany, Germany

<sup>e</sup> Institute of Hygiene and Environmental Medicine, Jena, Georg-August University Göttingen, Göttingen, Germany

# International spread of *E. coli* OXA-244 at least in Switzerland, Germany, France, UK, the Netherlands...



# Carbapenem resistance *K. pneumoniae* Bacteremia. 2018

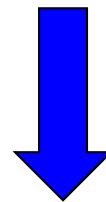
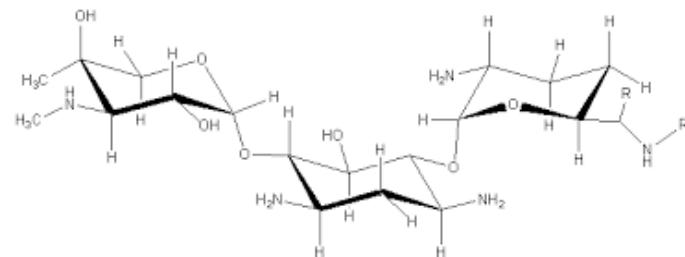


**Carbapenemase producers are spreading now also  
in the community; NDM and OXA-48 like enzymes**



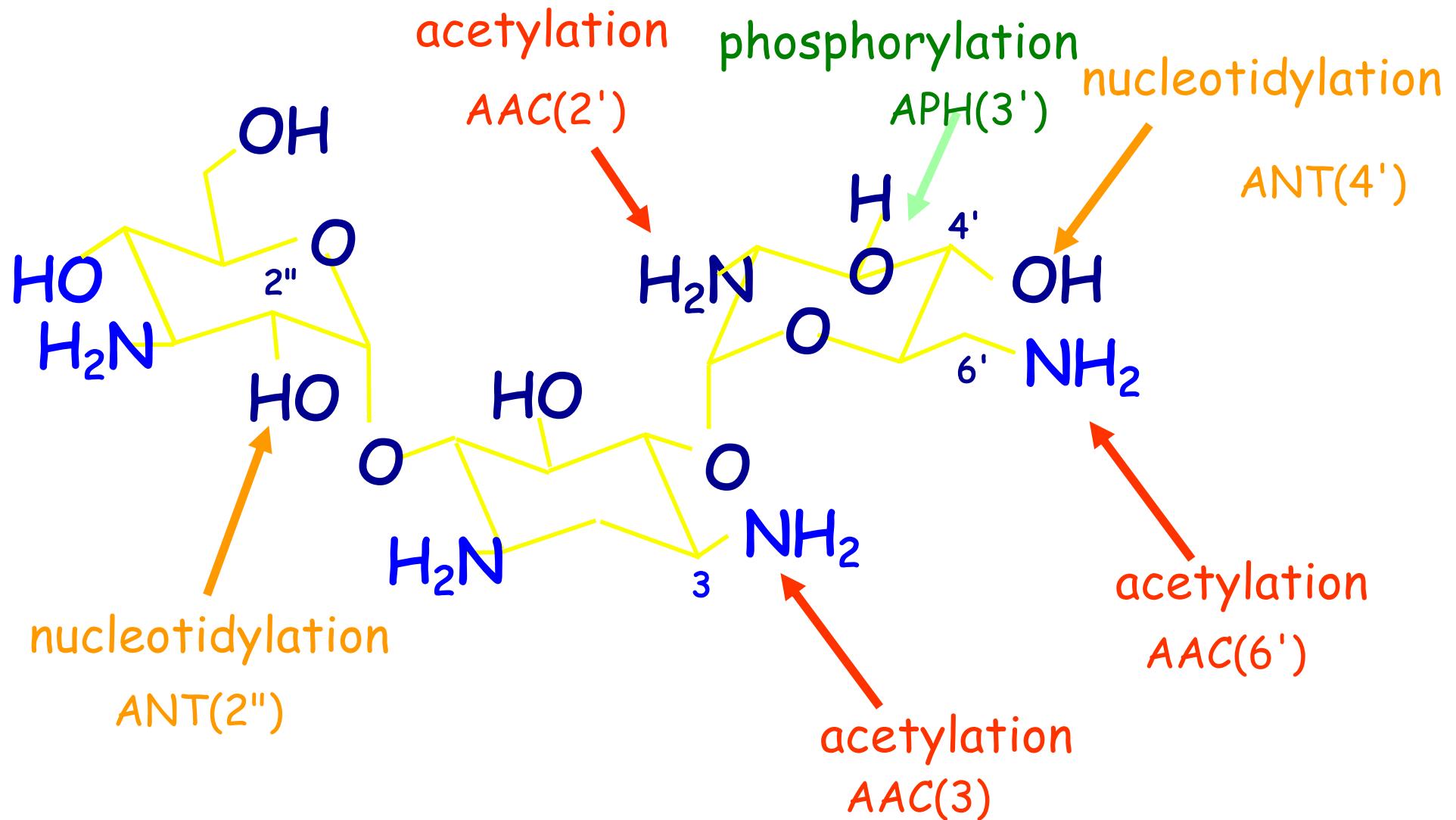
# Important Emerging Resistances to Antibiotics

## Aminoglycosides

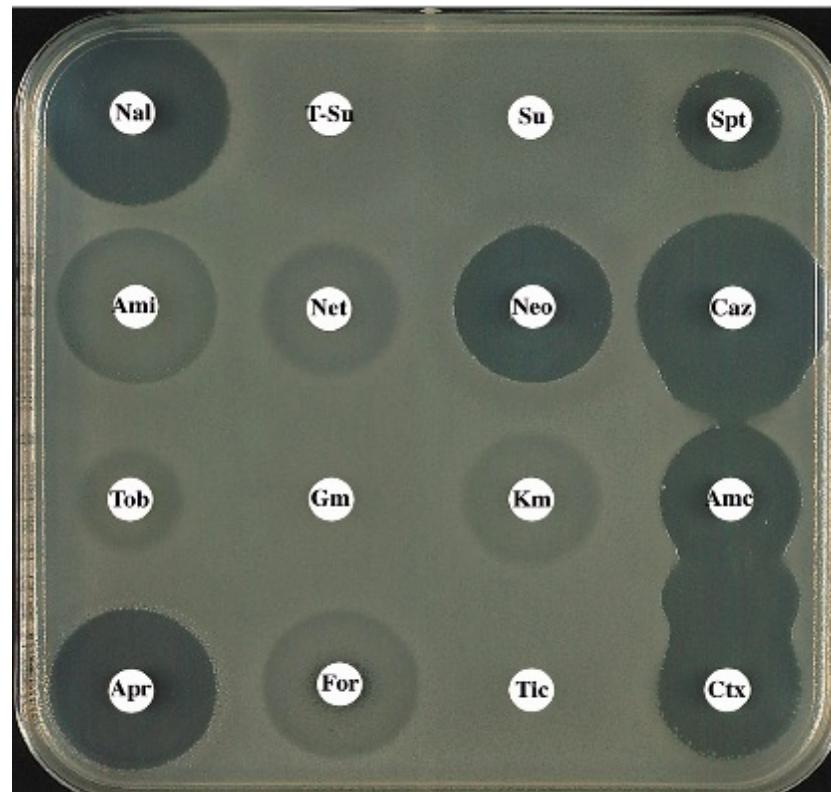
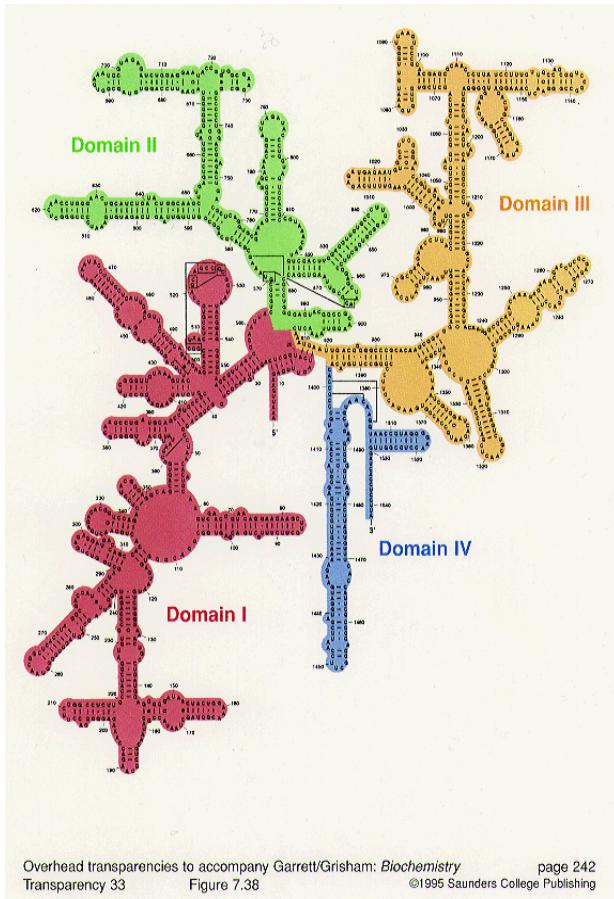


16S rRNA methylases

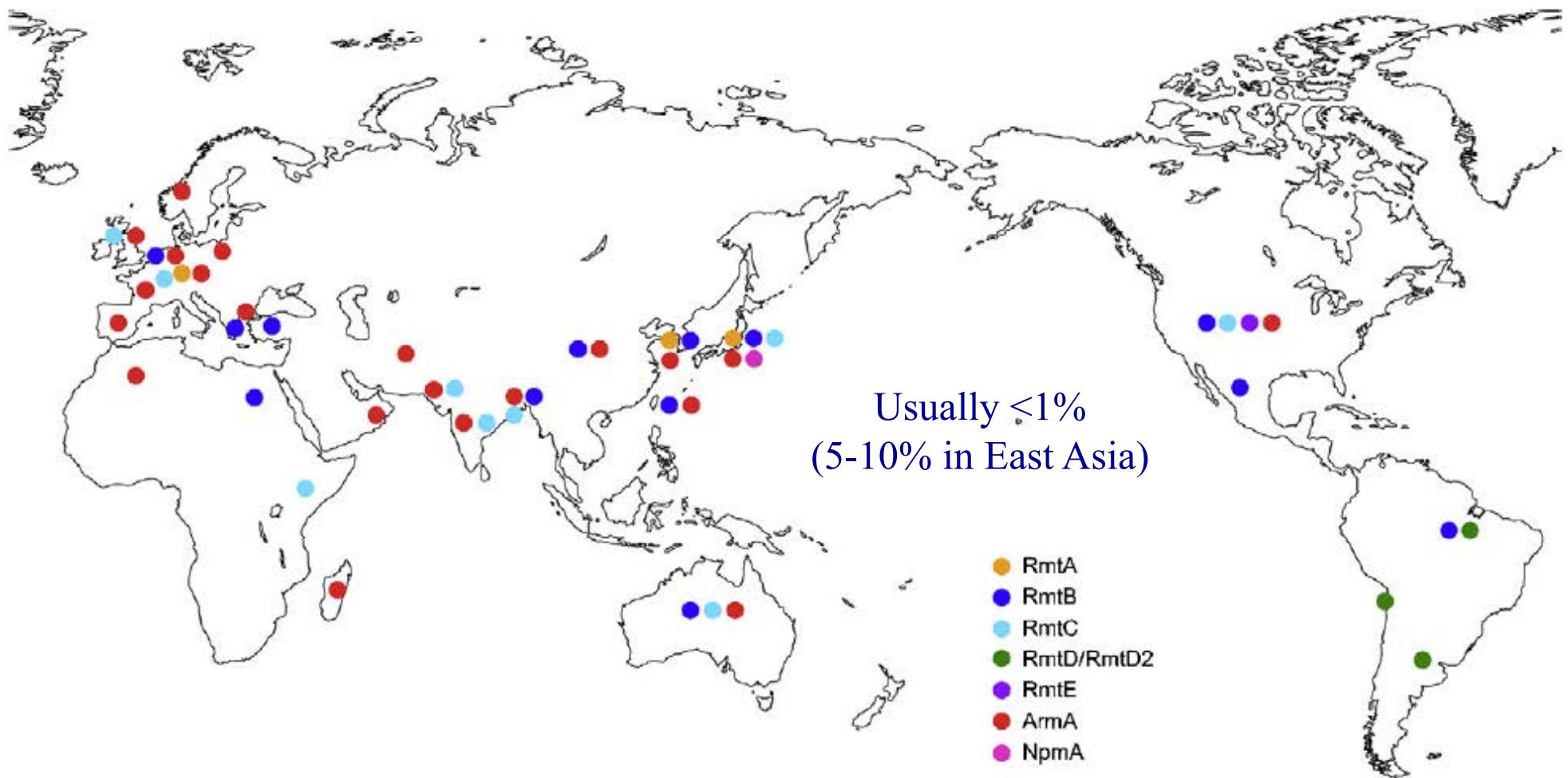
# Main mechanisms of resistance to aminoglycosides



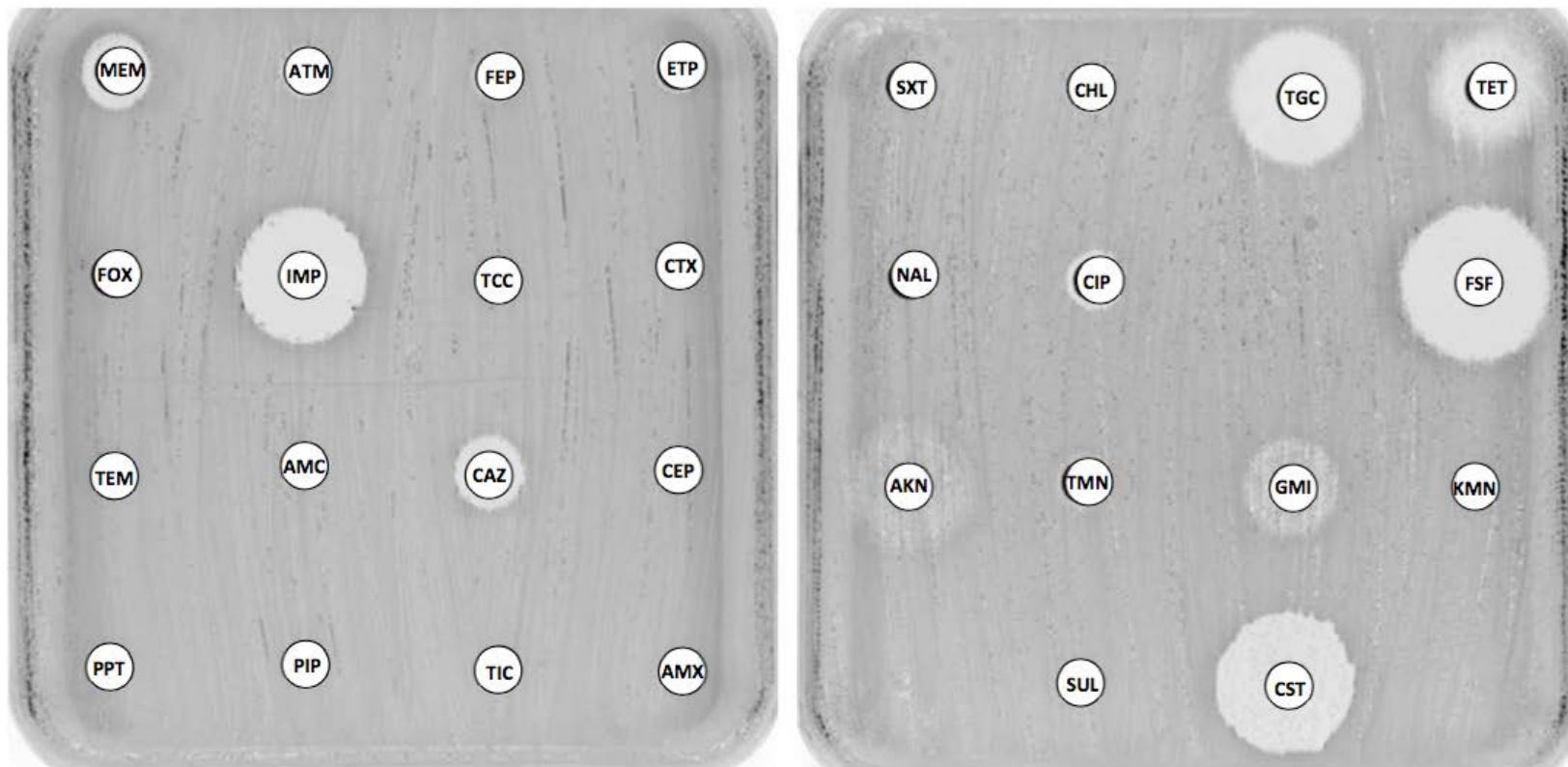
# 16s RNA methylase , RmtB in *K. pneumoniae*



# Prevalence / distribution of 16S rRNA methylases



# Multidrug-resistance *K. pneumoniae*

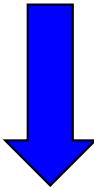
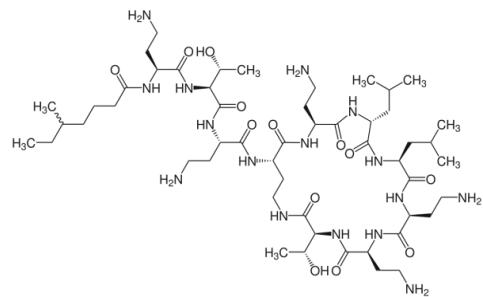


**NDM-1**

**RmtF**

# Important Emerging Resistances to Antibiotics

## Polymyxins



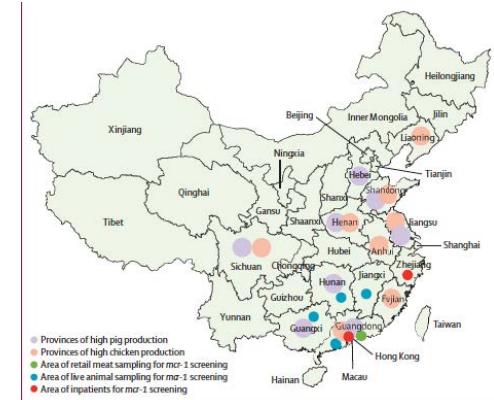
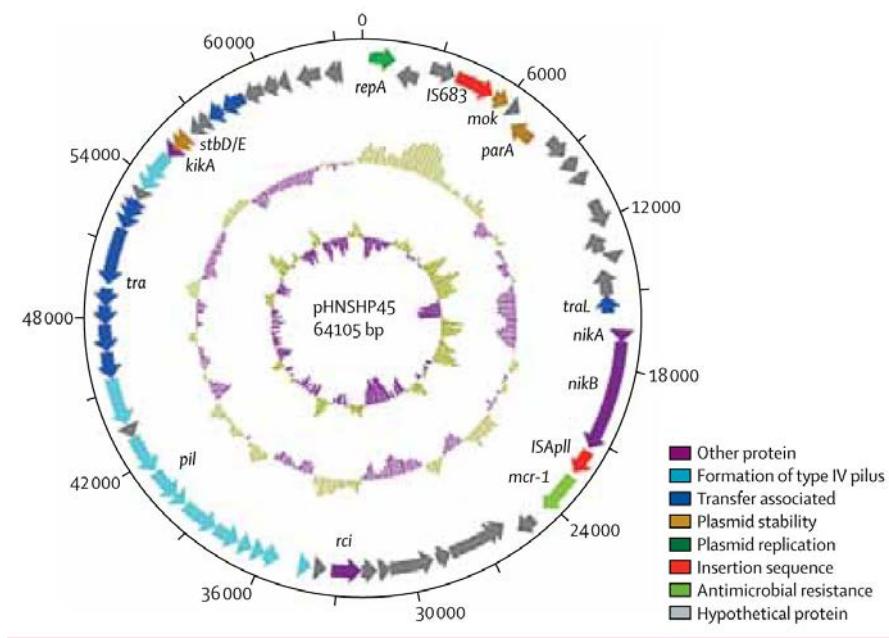
Resistance to  
polymyxins



# Plasmid-mediated resistance to colistin

## Emergence of plasmid-mediated colistin resistance mechanism MCR-1 in animals and human beings in China: a microbiological and molecular biological study

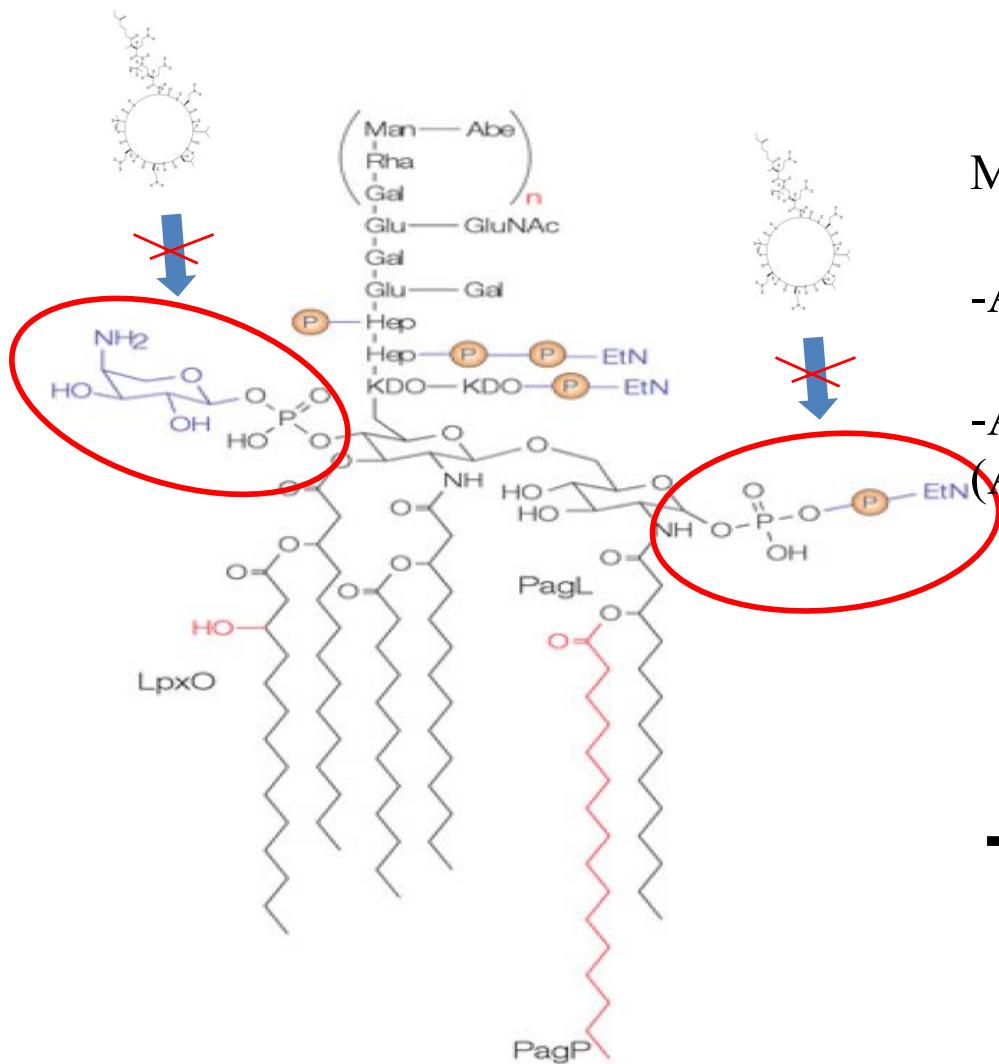
Yi-Yun Liu\*, Yang Wang\*, Timothy R Walsh, Ling-Xian Yi, Rong Zhang, James Spencer, Yohei Doi, Guobao Tian, Baolei Dong, Xianhui Huang, Lin-Feng Yu, Danxia Gu, Hongwei Ren, Xiaojie Chen, Luchao Lv, Dandan He, Hongwei Zhou, Zisen Liang, Jian-Hua Liu, Jianzhong Shen



	Year	Positive isolates (%)/number of isolates
<b>Escherichia coli</b>		
Pigs at slaughter	All	166 (20.6%)/804
Pigs at slaughter	2012	31 (14.4%)/216
Pigs at slaughter	2013	68 (25.4%)/268
Pigs at slaughter	2014	67 (20.9%)/320
Retail meat	All	78 (14.9%)/523
Chicken	2011	10 (4.9%)/206
Pork	2011	3 (6.3%)/48
Chicken	2013	4 (25.0%)/16
Pork	2013	11 (22.9%)/48
Chicken	2014	21 (28.0%)/75
Pork	2014	29 (22.3%)/130
Inpatient	2014	13 (1.4%)/902
<b>Klebsiella pneumoniae</b>		
Inpatient	2014	3 (0.7%)/420

Table 2: Prevalence of colistin resistance gene mcr-1 by origin

# Modification of the chemical structure of the LPS



Modifications :

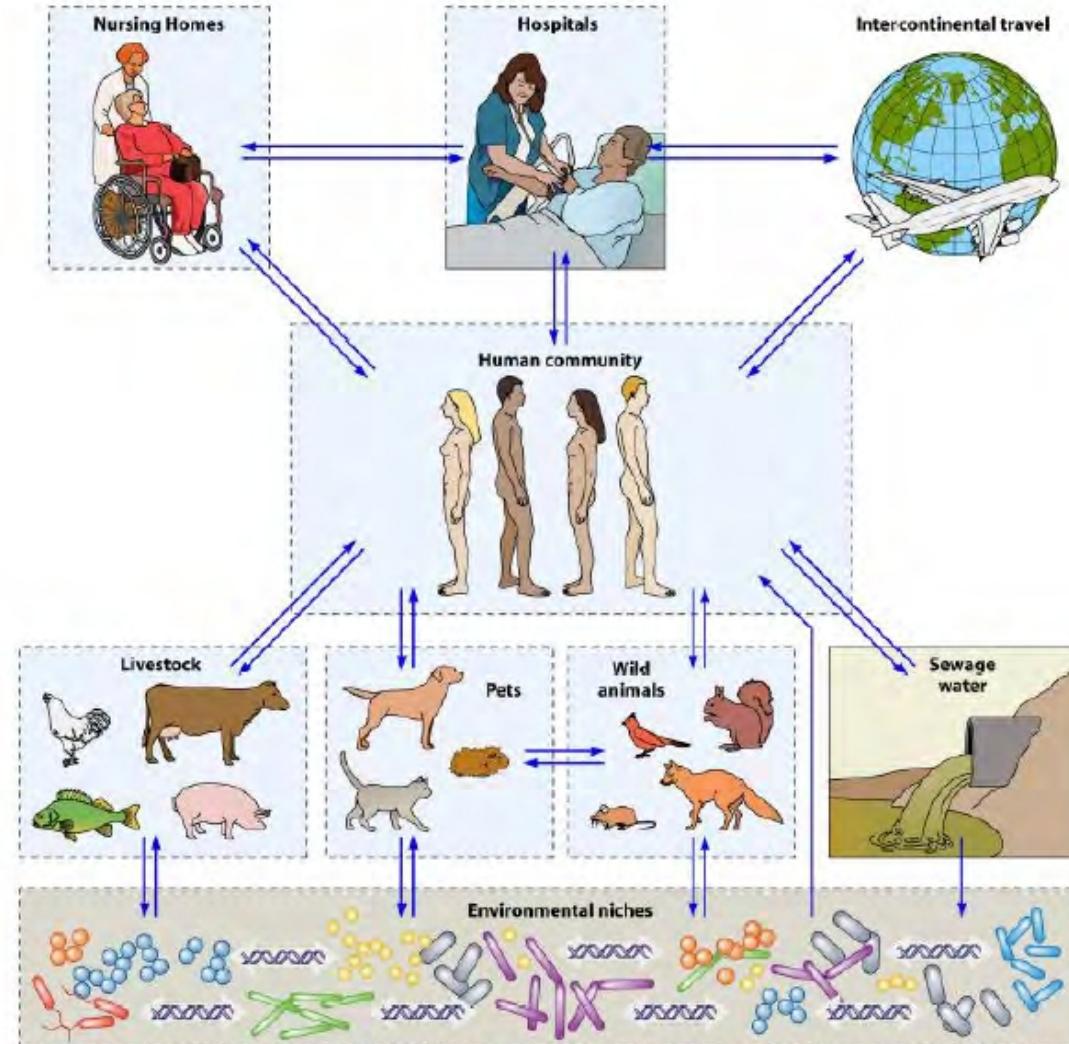
-Addition of phosphoethanolamine (pEtN)

-Addition of 4-amino-4-deoxyl-L-arabinose (Ara4N)

→ Adaptation against hostile environment

→ Lower affinity for cationic molecules such as colistin

# A One-health world; plasmid-mediated colistin resistance (MCR)



... very rare in humans, in western Europe

# National survey of colistin resistance among carbapenemase-producing *Enterobacteriaceae* and outbreak caused by colistin-resistant OXA-48-producing *Klebsiella pneumoniae*, France, 2014

A Jayol<sup>1</sup>, L Poirel<sup>1</sup>, L Doret<sup>2,3,4</sup>, P Nordmann<sup>1,2,5</sup>

1. Emerging Antibiotic Resistance Unit, Medical and Molecular Microbiology, Department of Medicine, University of Fribourg, Fribourg, Switzerland

2. Associated National Reference Centre for Antibiotic Resistance, Le Kremlin-Bicêtre, France

3. Faculty of Medicine, South-Paris University, Le Kremlin-Bicêtre, France

4. Bacteriology-Hygiene unit, Hospital Bicêtre, Assistance Publique /Hôpitaux de Paris, Le Kremlin-Bicêtre, France

5. University of Lausanne and University Hospital Center, Lausanne, Switzerland

Correspondence: Laurent Poirel (laurent.poirel@unifr.ch)

## Citation style for this article:

Jayol A, Poirel L, Doret L, Nordmann P. National survey of colistin resistance among carbapenemase-producing Enterobacteriaceae and outbreak caused by colistin-resistant OXA-48-producing Klebsiella pneumoniae, France, 2014. Euro Surveill. 2016;21(37):pii=30339. DOI: <http://dx.doi.org/10.2807/1560-7917.ES.2016-21-37-30339>

Article submitted on 30 October 2015 / accepted on 04 April 2016 / published on 15 September 2016

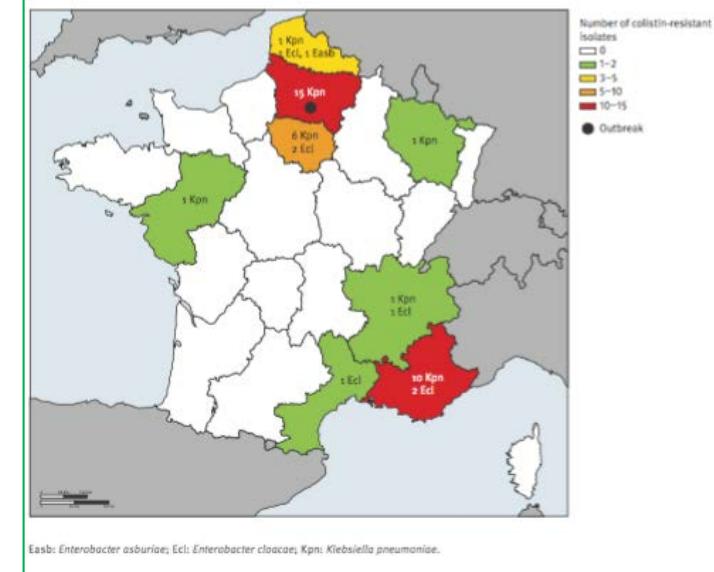
From January 2014 to December 2014, 972 consecutive non-replicate carbapenemase-producing *Enterobacteriaceae* isolates from colonised or infected patients were collected at the Associated French National Reference Centre as part of the French national survey on antimicrobial resistance. It included 577 *Klebsiella* spp. (59%), 236 *Escherichia coli* (24%), 108 *Enterobacter* spp. (11%), 50 *Citrobacter* spp. (5%), and a single *Salmonella* spp. isolate (0.1%). Of 561 *K. pneumoniae* isolates, 35 were found to be resistant to colistin (6.2%). PFGE analysis revealed a clonal outbreak involving 15 *K. pneumoniae* isolates belonging to sequence type ST11, recovered in a single hospital in the Picardie region in northern France. Those clonally related isolates showed variable levels of resistance to colistin, ranging from 4 to 64 mg/L. They harboured the *bla*<sub>OXA-48</sub> carbapenemase gene and the *bla*<sub>CTX-M-15</sub> extended-spectrum beta-lactamase gene. Among the 91 *Enterobacter cloacae* isolates, seven were resistant to colistin and produced different types of carbapenemases. Surprisingly, none of the *E. coli* and *Citrobacter* spp. isolates showed resistance to colistin. This national survey including carbapenemase-producing isolates recovered in 2014 reported a high rate of colistin resistance in *K. pneumoniae* and *E. cloacae* (6.2% and 7.7%, respectively) in France.

currently almost unknown in most parts of the world. In Italy, an increase in carbapenemase-producing *Enterobacteriaceae* has been noted in the past years, but the situation remains unknown in France [1]. The lack of information about the prevalence of colistin resistance among multidrug-resistant enterobacterial isolates derives from several reasons: (i) so far, there has been limited interest in that field, (ii) methods used for determination of colistin susceptibility are not adequate, and (iii) the lack of well-defined breakpoints does not allow precise determination of prevalence. However, the recent identification of a plasmid-borne polymyxin resistance determinant (MCR-1) raised a very serious concern in that resistance to colistin might widely disseminate [2].

The aim of this study was to evaluate retrospectively the prevalence of colistin resistance among a collection of CPE strains recovered in France during a period of one year and to analyse the phenotypic, genotypic features and clonality of the colistin-resistant isolates.

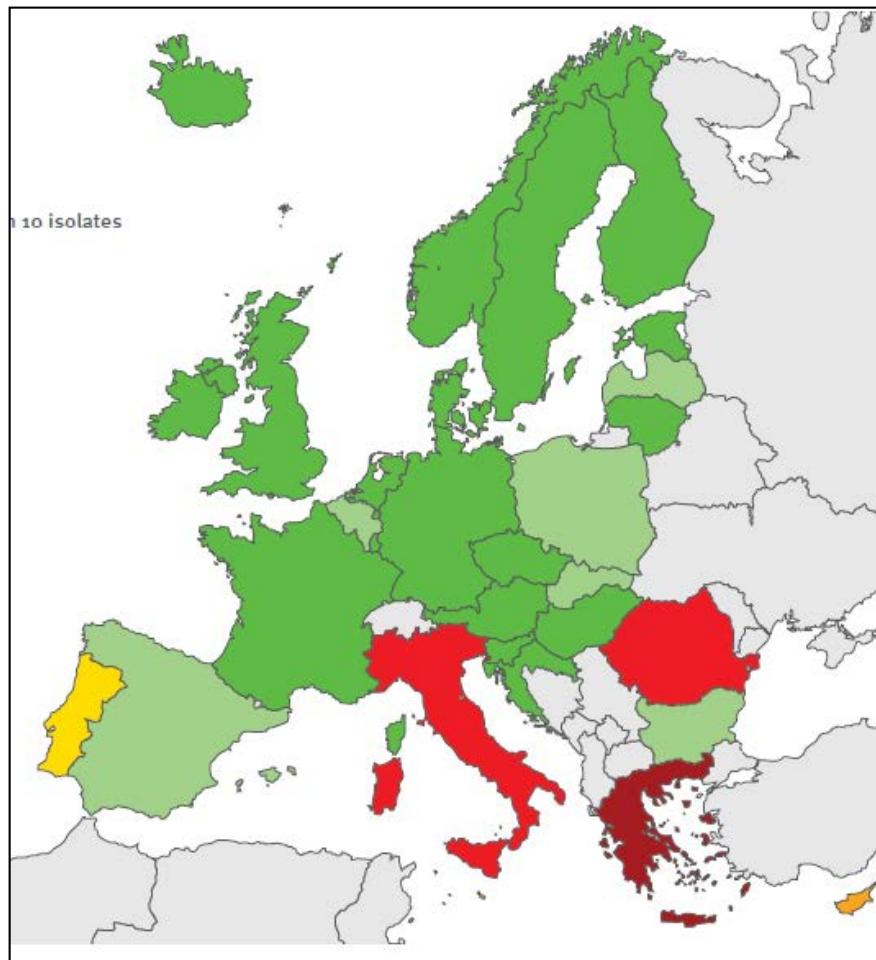
## Methods

### Carbapenemase-producing *Enterobacteriaceae* isolates

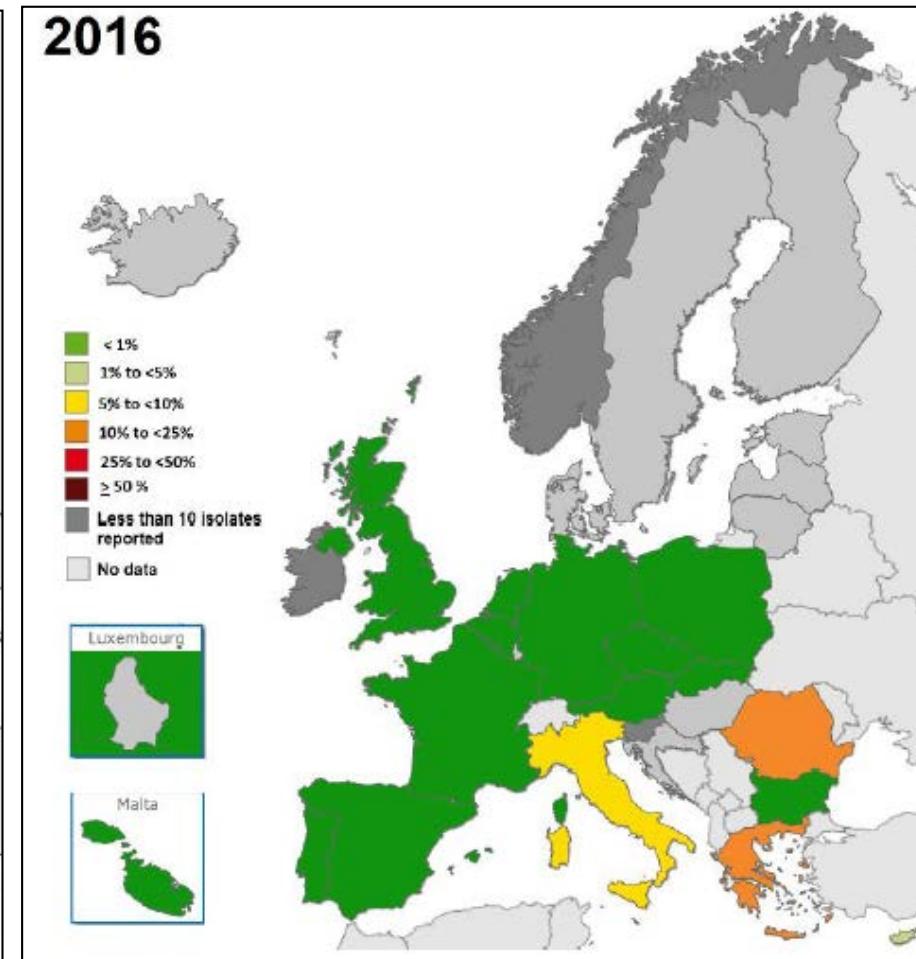
Geographic distribution of colistin-resistant *Enterobacteriaceae* isolates, France, January–December 2014 (n = 43)

# *Klebsiella pneumoniae* : resistance to carbapenems and colistin

Carbapenem-R



Carbapenem+colistin-R



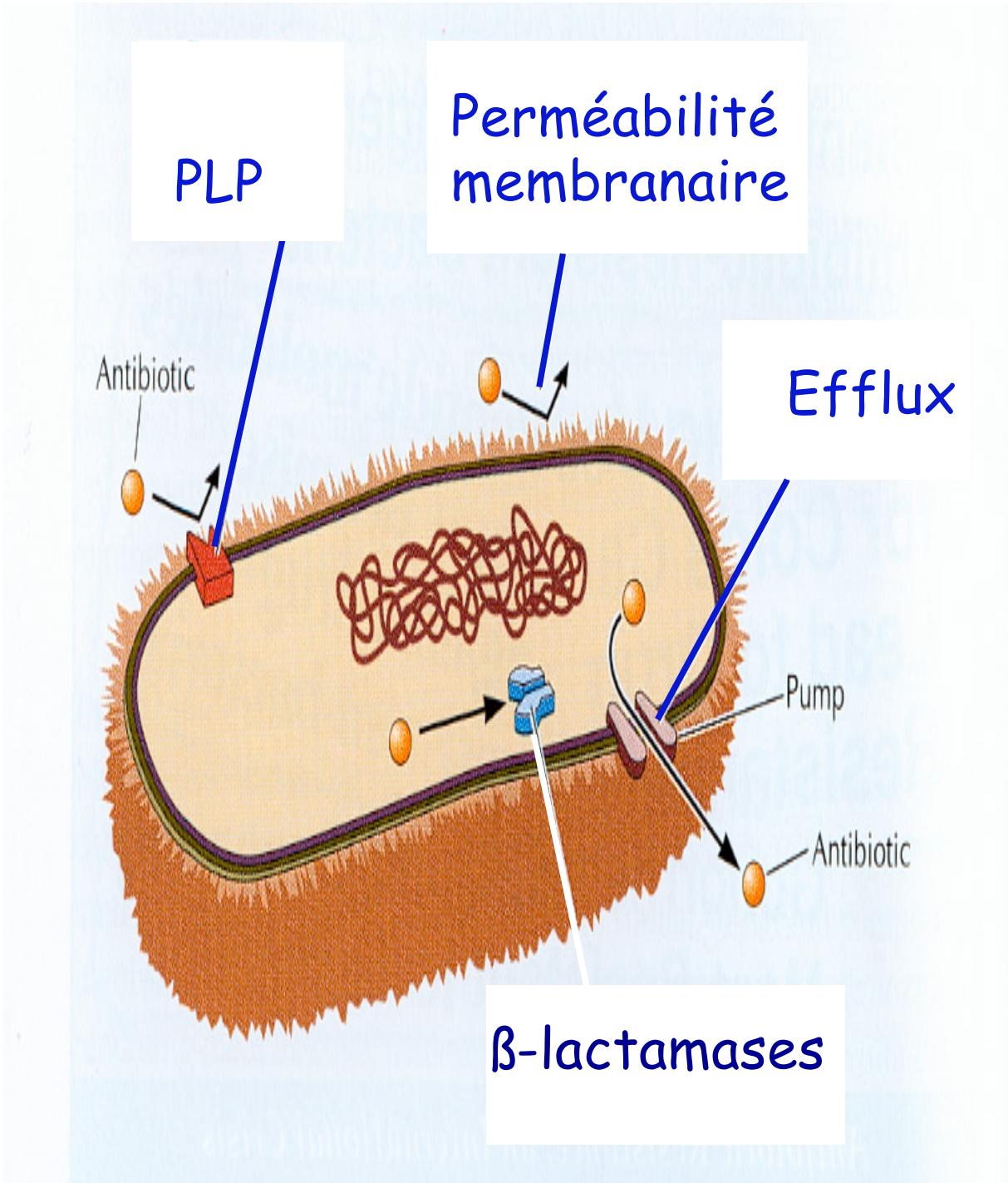
EARS-Net surveillance data, November 2017

# *Pseudomonas aeruginosa*



# *P. aeruginosa*

- Faible perméabilité membranaire (100 fois moindre que celle de *E. coli* pour la céfalotine)
- Systèmes d'efflux constitutifs : au moins une douzaine...
- Expression d'une céphalosporinase naturelle (AmpC) chromosomique et inducible



# Major concerns with $\beta$ -lactam resistance

## Cephalosporins

- Ceftazidime
- Cefepime

## Carbapenems

- Imipenem
- Meropenem

*A. baumannii*

AmpC ↑ +++

ESBLs +

Carbapenemases +++

*P. aeruginosa*

AmpC ↑ +++

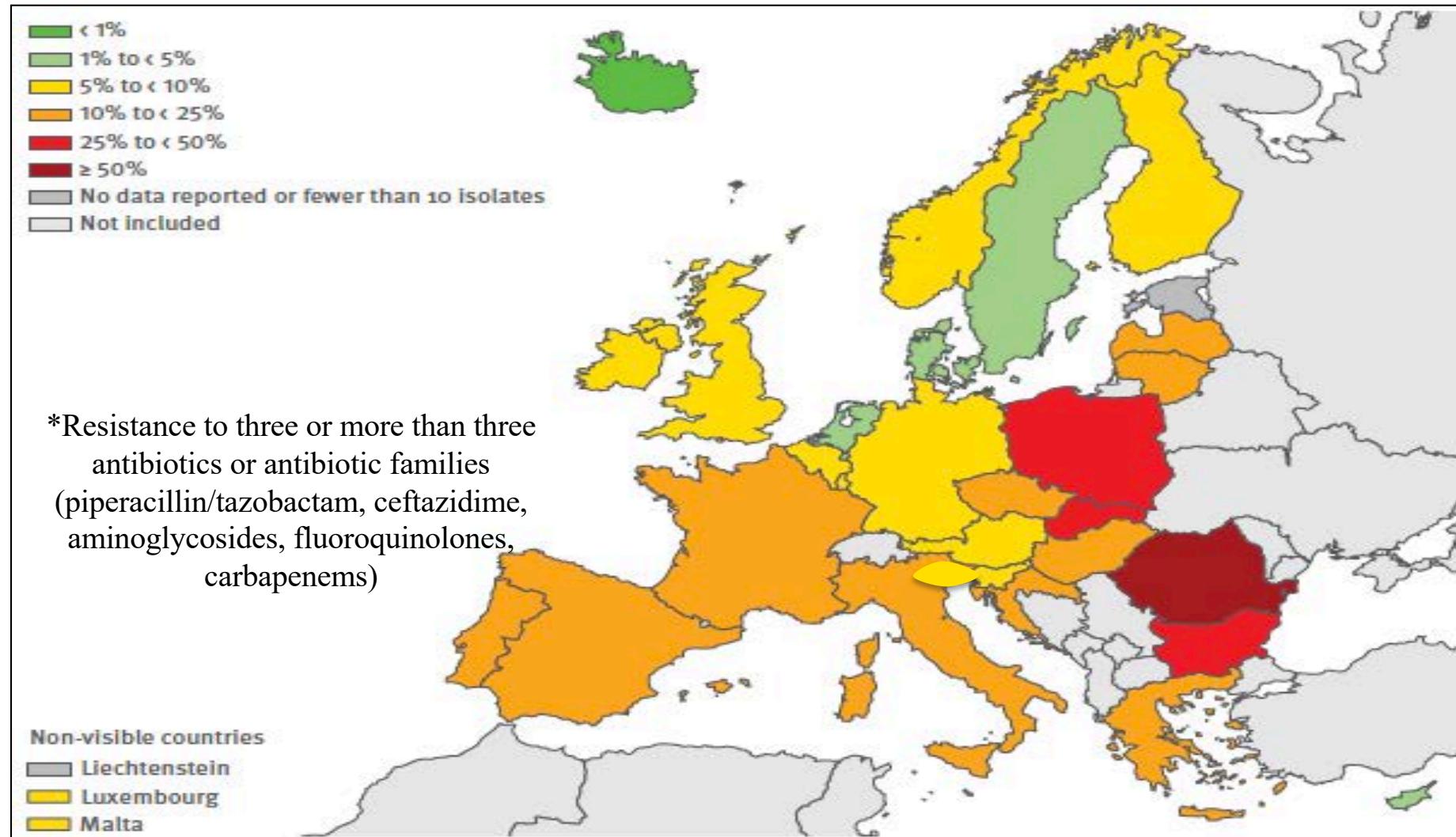
ESBLs +

Carbapenemases +

OprD ↓ +++

Carbapenemases +

# Multiresistance\* in *P. aeruginosa* (2015)



# *Acinetobacter baumannii*

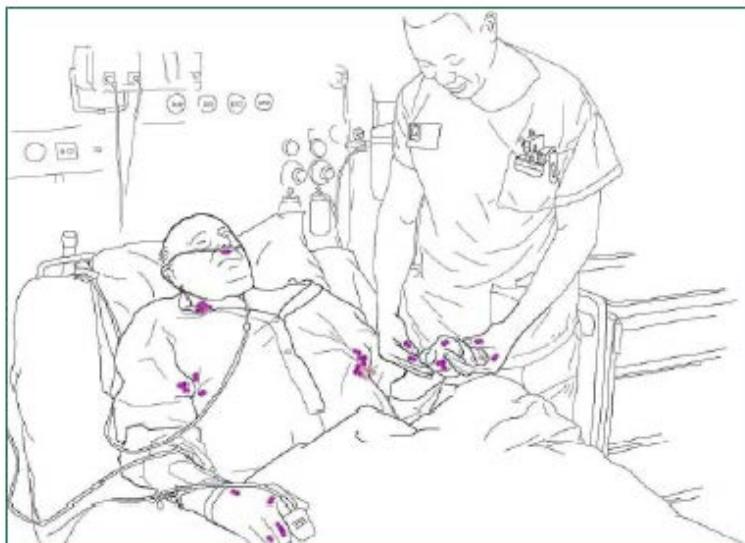
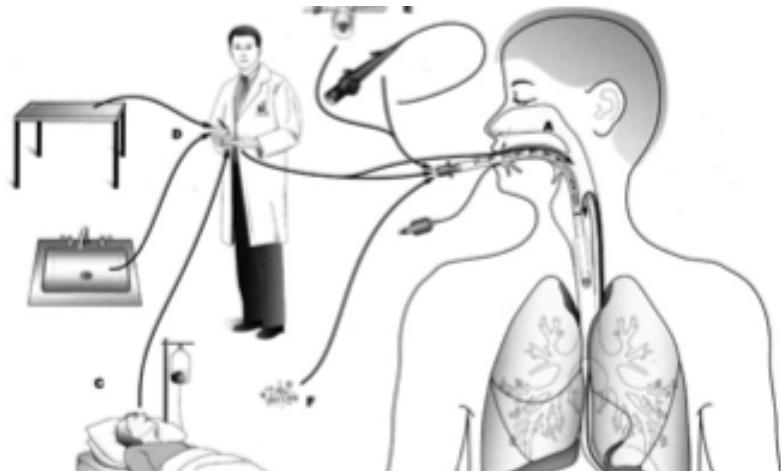
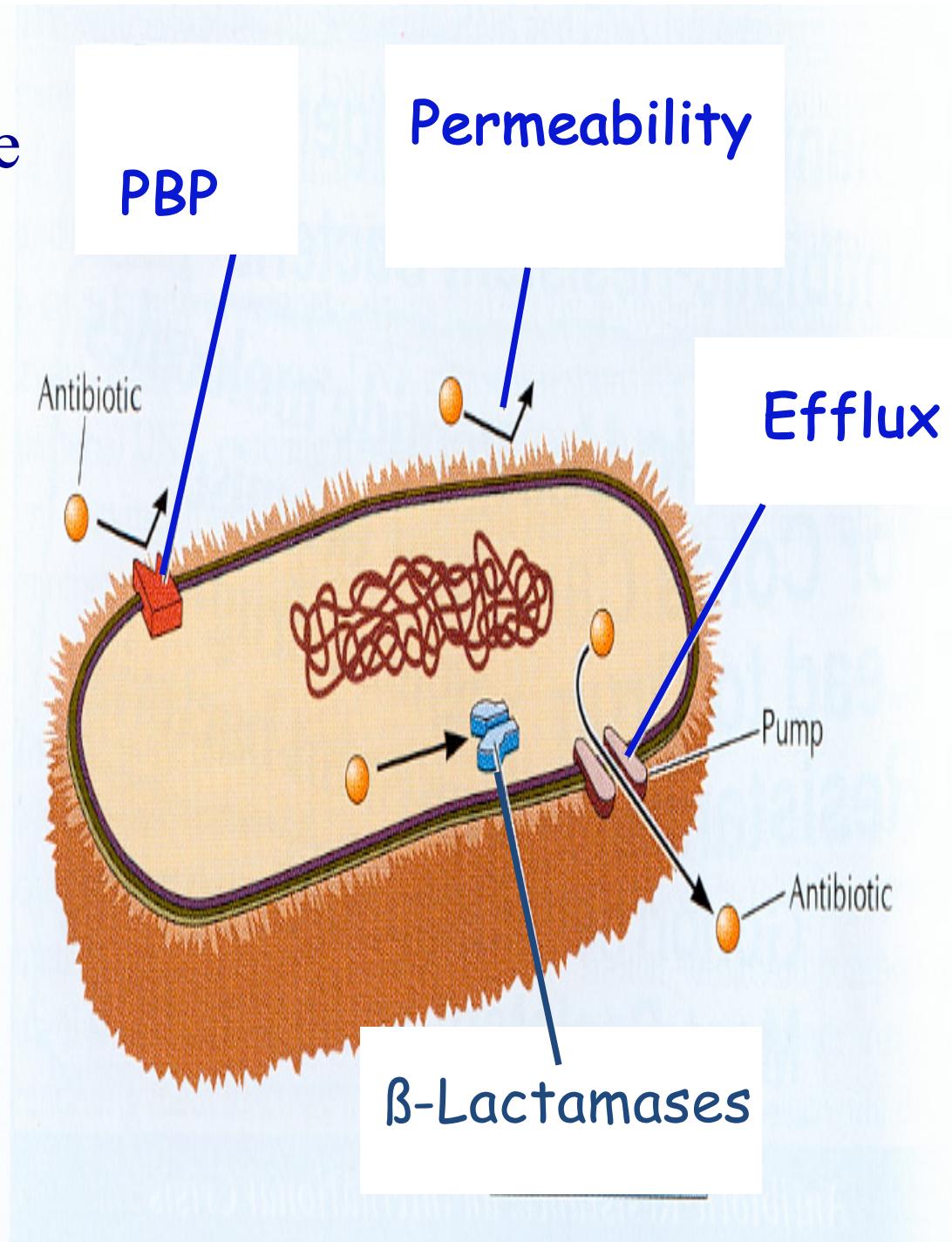


Figure 2: Organism transfer from patient to health-careworker's hands  
Contact between the health-careworker and the patient results in cross-transmission of microorganisms. In this case, Gram-positive cocci from the patient's own flora.



# The secrets of a successful resistance

- Low membrane permeability  
(3% that of *E. coli* for cefalotin)
- Constitutive efflux systems : 3 described AdeABC...
- Expression of naturally- and chromosomally- occurring  $\beta$ -lactamases
  - cephalosporinase (AmpC)
  - oxacillinase (OXA-51)



# Major concerns with $\beta$ -lactam resistance

## Cephalosporins

- Ceftazidime
- Cefepime

## Carbapenems

- Imipenem
- Meropenem

*A. baumannii*

**AmpC ↑ +++**

ESBLs +

**Carbapenemases +++**

*P. aeruginosa*

**AmpC ↑ +++**

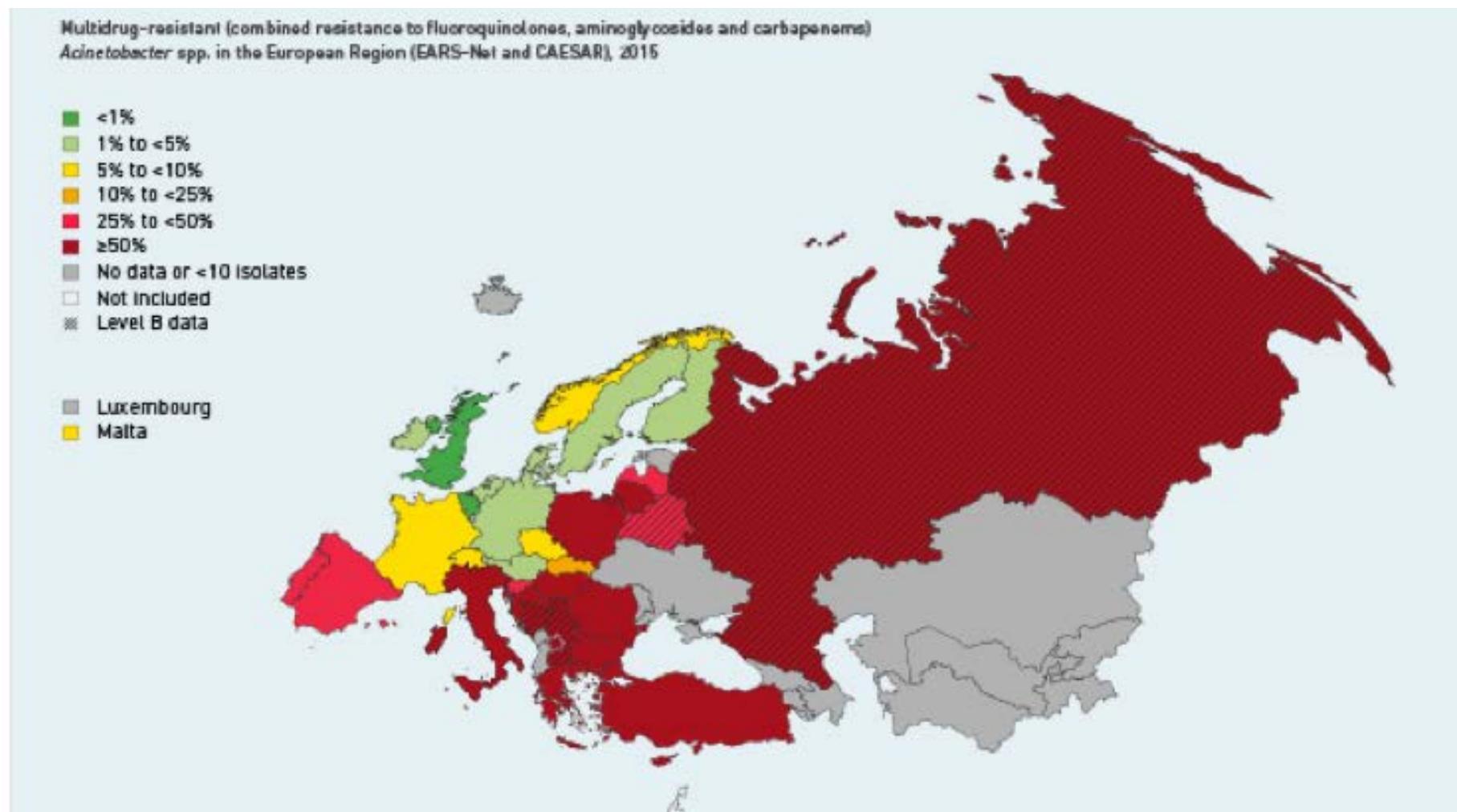
ESBLs +

**OprD ↓ +++**

Carbapenemases +

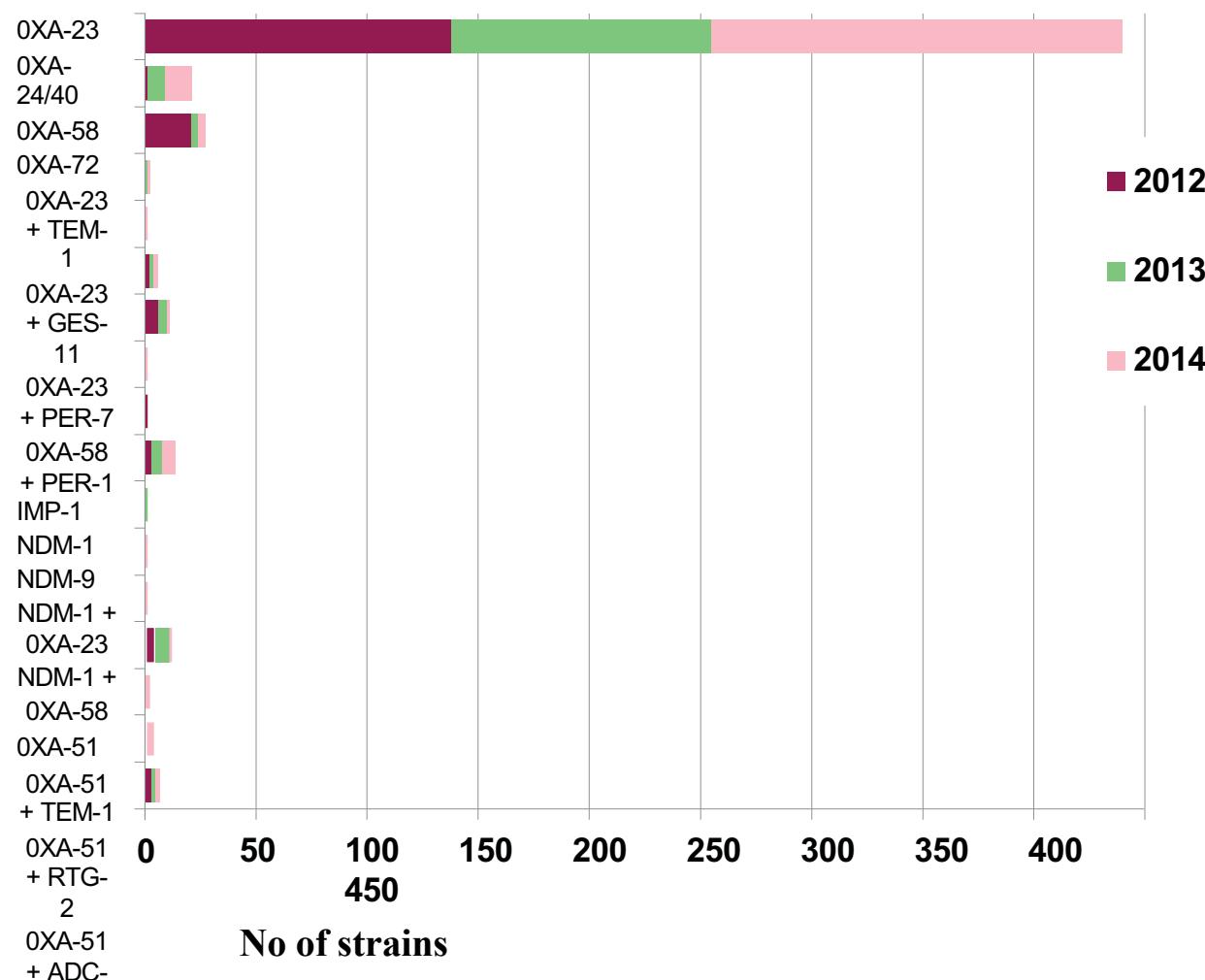
Carbapenemases +

# Carbapenem resistance *A. baumannii*



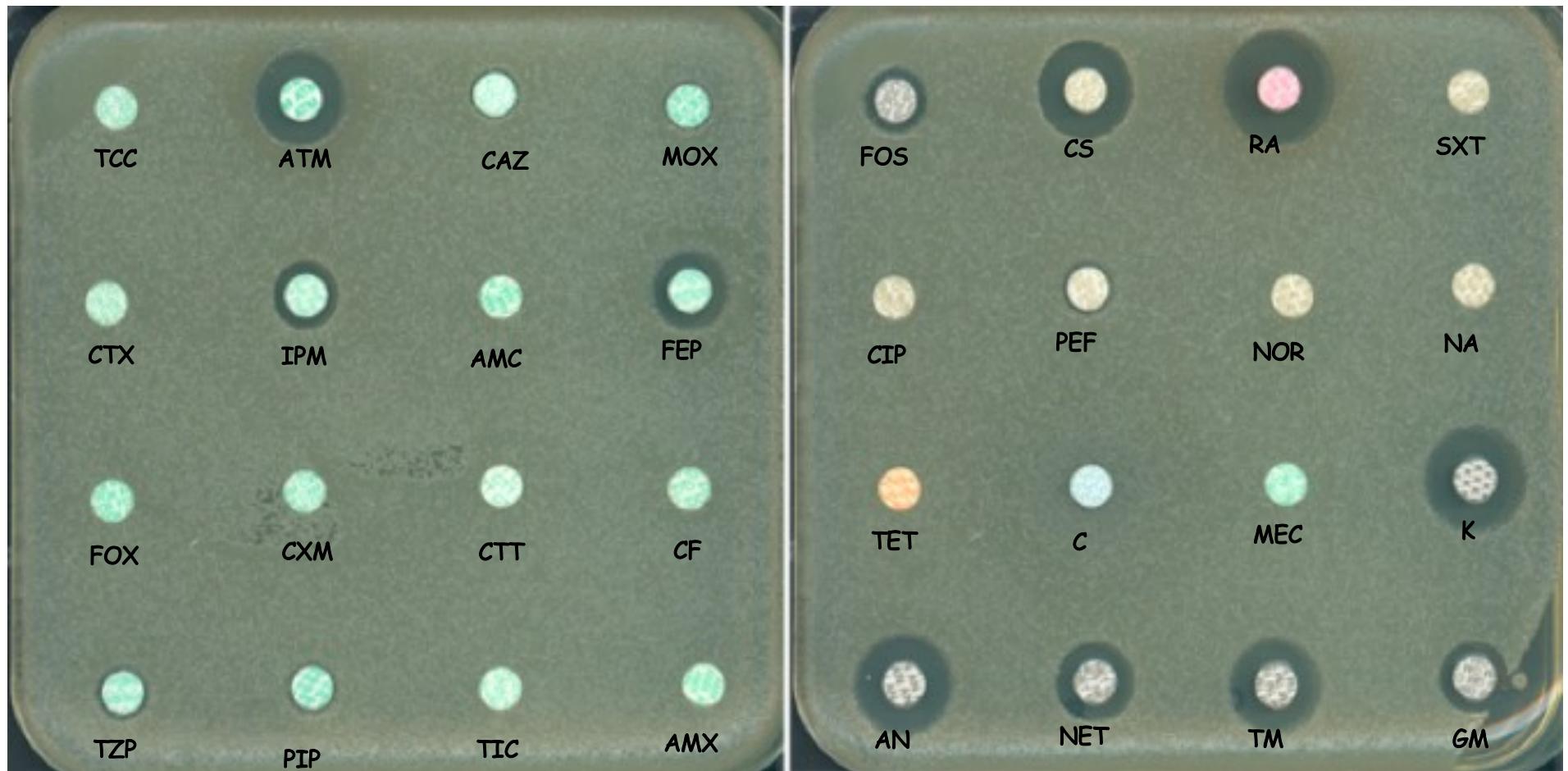
# Carbapenemases in *A. baumannii*- France

(n=555)

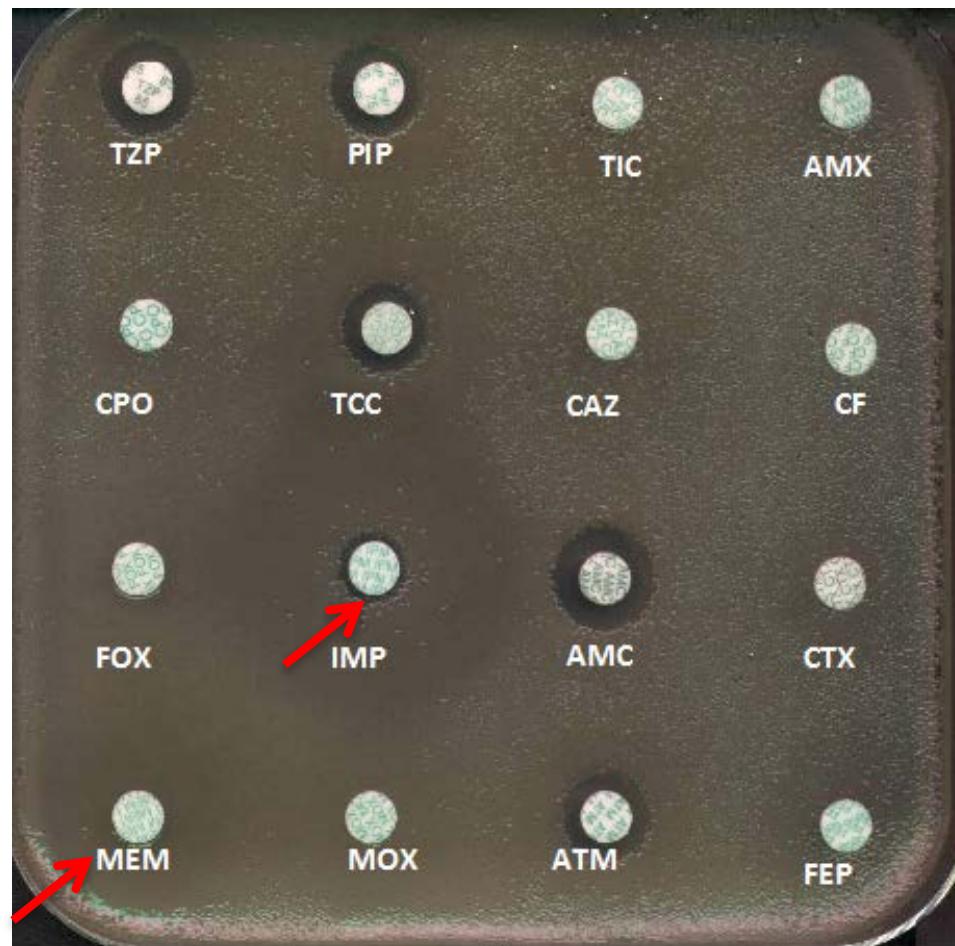


Courtesy Prof P. Plésiat

# Multidrug-resistant *A. baumannii* OXA-23



# *A. baumannii* NDM-1



# Novel $\beta$ -lactam-containing antibiotics

Novel cephalosporin + old inhibitor

Ceftolozane + tazobactam

Novel inhibitor + old  $\beta$ -lactam

Avibactam + ceftazidime

Avibactam + aztreonam

Relebactam + imipenem

Vaborbactam + meropenem



# Theoretical activity of novel antibiotics against carbapenemase producers

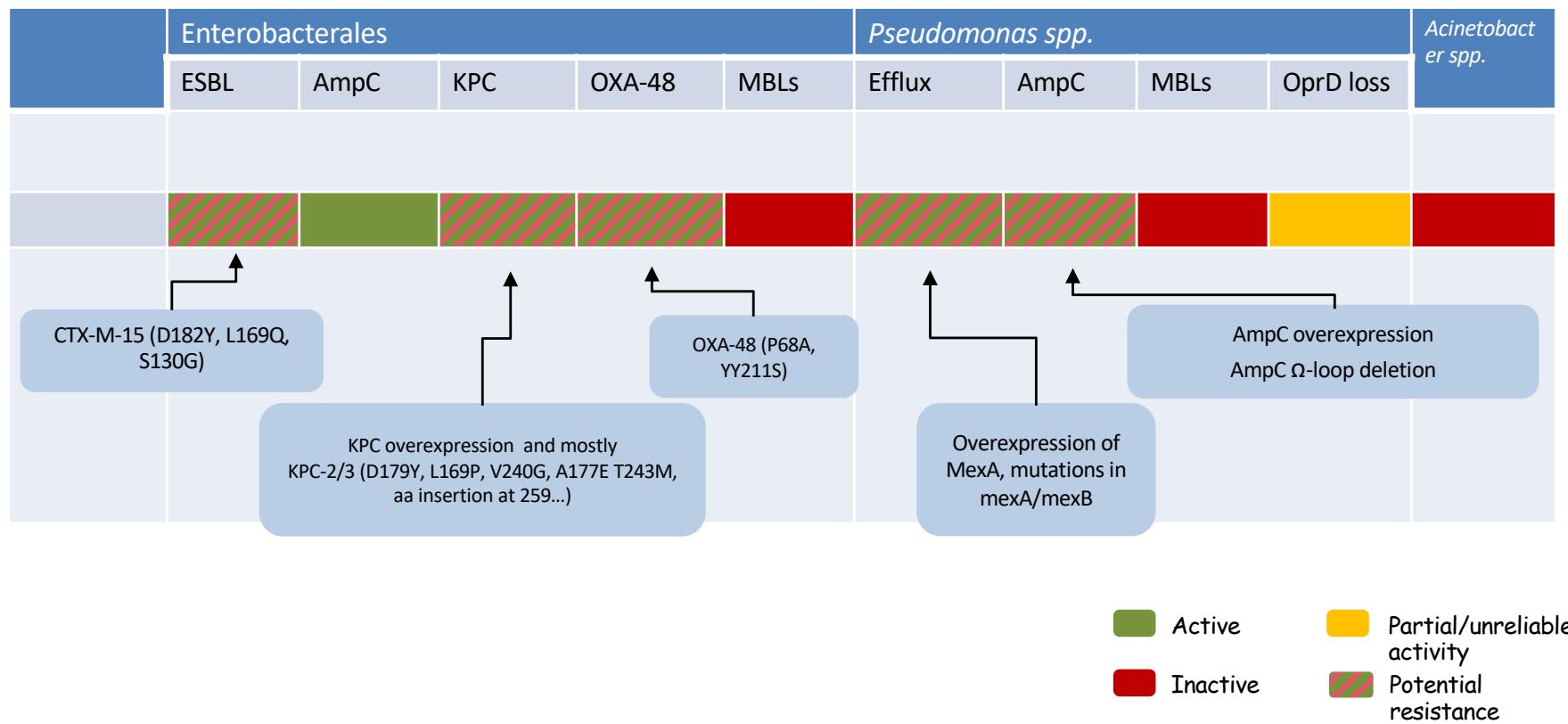
## Antibiotics

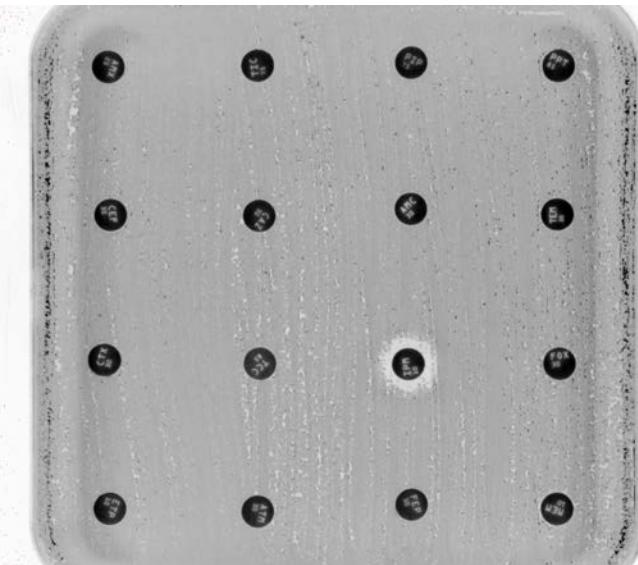
- Ceftazidime /avibactam
- Aztreonam/avibactam
- Meropenem/varbobactam
- Imipenem/ relebactam
- Cefiderocol
- Eravacycline

## Carbapenemases

- KPC, OXA-48
- KPC, OXA-48, NDM
- KPC, OXA-48
- KPC, OXA-48 ?
- KPC, OXA-48, NDM
- KPC, OXA-48, NDM

## Ceftazidime-avibactam





## Phenotypic, Biochemical, and Genetic Analysis of KPC-41, a KPC-3 Variant Conferring Resistance to Ceftazidime-Avibactam and Exhibiting Reduced Carbapenemase Activity

Linda Mueller,<sup>a,b,c</sup> Amandine Masseron,<sup>a</sup> Guy Prod'Hom,<sup>c</sup> Tatiana Galperine,<sup>d</sup> Gilbert Greub,<sup>c</sup> Laurent Poirel,<sup>a,b,e</sup>  
Patrice Nordmann<sup>a,b,c,e</sup>

<sup>a</sup>Emerging Antibiotic Resistance Unit, Medical and Molecular Microbiology, Faculty of Science and Medicine, University of Fribourg, Fribourg, Switzerland

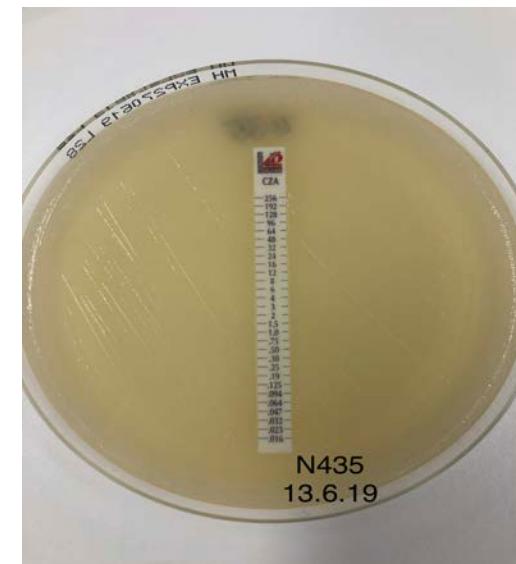
<sup>b</sup>Swiss National Reference Center for Emerging Antibiotic Resistance (NARA), University of Fribourg, Fribourg, Switzerland

<sup>c</sup>Institut for Microbiology, University Hospital Center and University of Lausanne, Lausanne, Switzerland

<sup>d</sup>Infectiology Department, University Hospital Center and University of Lausanne, Lausanne, Switzerland

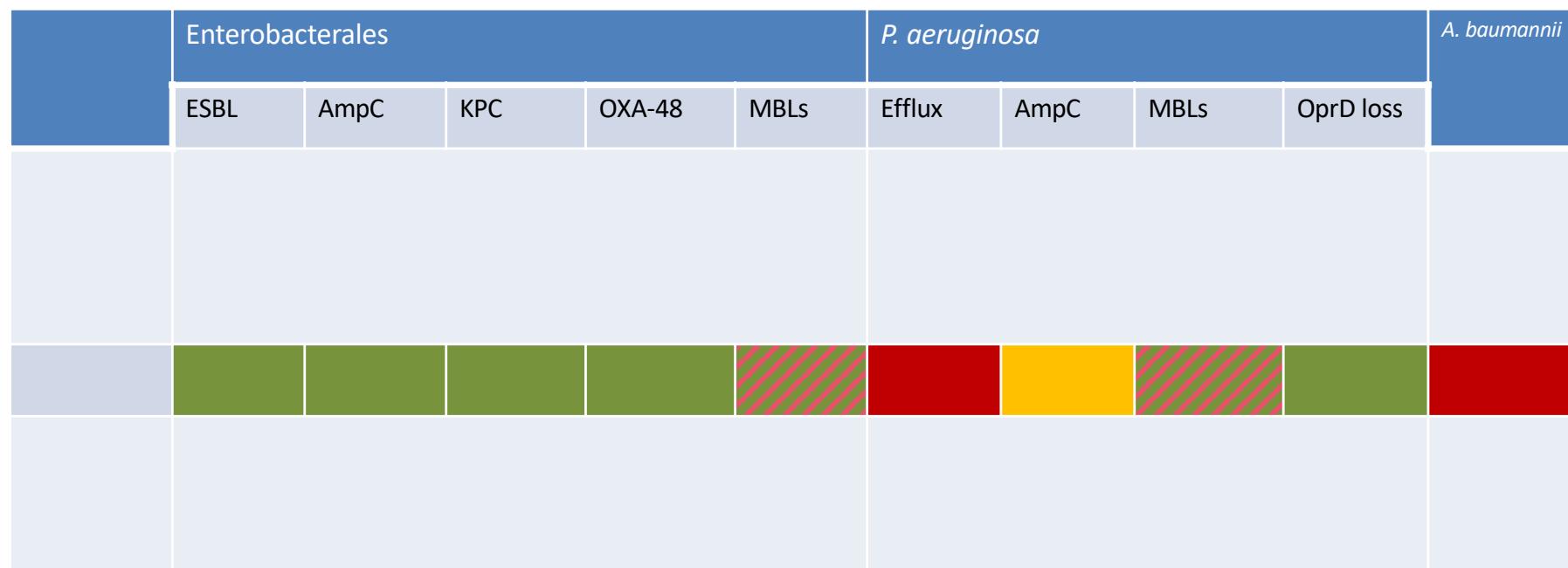
<sup>e</sup>INSERM European Unit (IAME, France), University of Fribourg, Fribourg, Switzerland

**ABSTRACT** A novel KPC variant, KPC-41, was identified in a *Klebsiella pneumoniae* clinical isolate from Switzerland. This  $\beta$ -lactamase possessed a 3-amino-acid insertion (Pro-Asn-Lys) located between amino acids 269 and 270 compared to the KPC-3 amino acid sequence. Cloning and expression of the *bla*<sub>KPC-41</sub> gene in *Escherichia coli*, followed by determination of MIC values and kinetic parameters, showed that KPC-41, compared to those of KPC-3, has an increased affinity to ceftazidime and a decreased sensitivity to avibactam, leading to resistance to ceftazidime-avibactam once produced in *K. pneumoniae*. Furthermore, KPC-41 exhibited a drastic decrease of its carbapenemase activity. This report highlights that a diversity of KPC variants conferring resistance to ceftazidime-avibactam already circulate in Europe.



Ceftazidime/avibactam

# Aztreonam-avibactam



 Active       Partial/unreliable activity  
 Inactive       Potential resistance

# Aztreonam-avibactam resistance



Antimicrobial Agents  
and Chemotherapy®

## MECHANISMS OF RESISTANCE



### Genetic Features Leading to Reduced Susceptibility to Aztreonam-Avibactam among Metallo- $\beta$ -Lactamase-Producing *Escherichia coli* Isolates

Mustafa Sadek,<sup>a</sup> Mario Juhas,<sup>a</sup> Laurent Poirel,<sup>a,b,c</sup> Patrice Nordmann<sup>a,b,c</sup>

<sup>a</sup>Medical and Molecular Microbiology, Faculty of Science and Medicine, University of Fribourg, Fribourg, Switzerland

<sup>b</sup>Swiss National Reference Center for Emerging Antibiotic Resistance (NARA), University of Fribourg, Fribourg, Switzerland

<sup>c</sup>INSERM European Unit (IAME, France), University of Fribourg, Fribourg, Switzerland

Mustafa Sadek and Mario Juhas contributed equally. Author order was determined in order of increasing seniority.

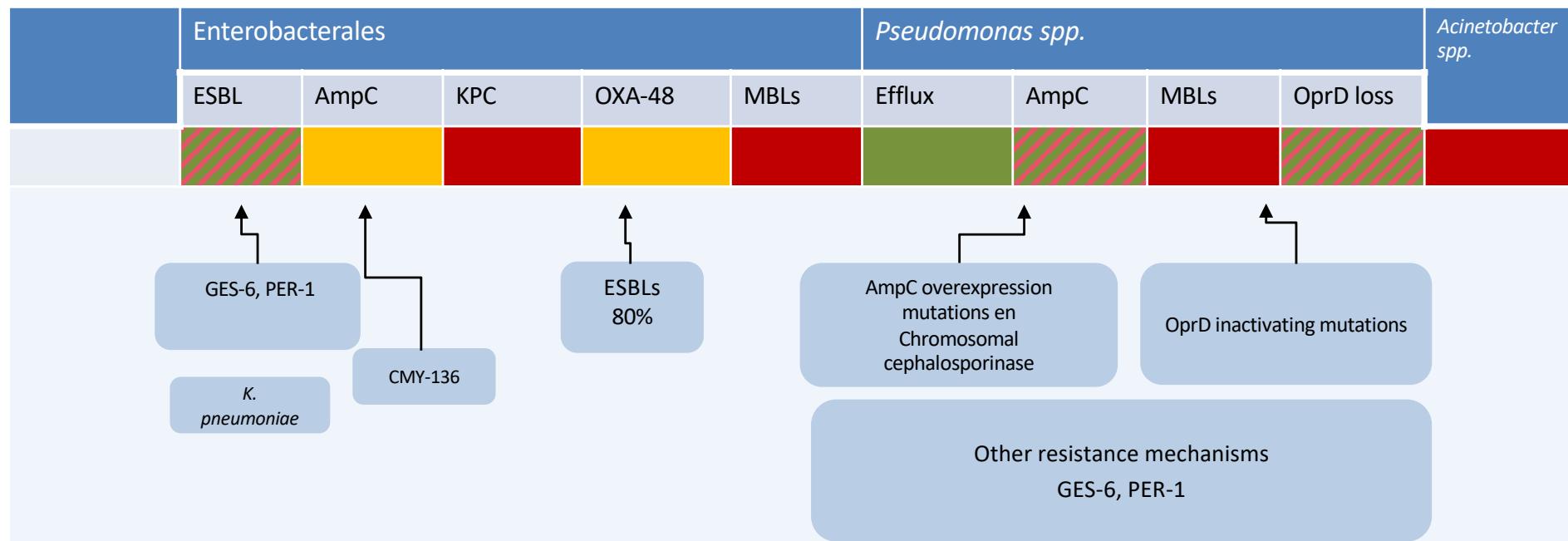
**ABSTRACT** Metallo- $\beta$ -lactamase (MBL)-producing *Escherichia coli* isolates resistant to the newly developed  $\beta$ -lactam/ $\beta$ -lactamase inhibitor drug combination aztreonam-avibactam (ATM-AVI) have been reported. Here, we analyzed a series of 118 clinical MBL-producing *E. coli* isolates of various geographical origins for susceptibility to ATM-AVI. The nature of the PBP3 protein sequence and the occurrence of *bla*<sub>CMY</sub> genes for susceptibility to ATM-AVI were investigated. We showed here that elevated MICs of ATM-AVI among MBL-producing *E. coli* isolates resulted from a combination of different features, including modification of PBP3 protein sequence through specific amino acid insertions and production of CMY-type enzymes, particularly, CMY-42. We showed here that those insertions identified in the PBP3 sequence are not considered the unique basis of resistance to ATM-AVI, but they significantly contribute to it.

**KEYWORDS** *Escherichia coli*, aztreonam-avibactam, metallo- $\beta$ -lactamase, PBP3, NDM, CMY-42

Strain	ST	Metallo- $\beta$ -lactamase	Other $\beta$ -lactamase(s)	Origin of Isolation <sup>a</sup>	MIC ( $\mu$ g/ml) <sup>b</sup>					PBP3 Insertion sequence <sup>c</sup>
					ATM	ATM-AVI	CAZ	CAZ-AVI	IMI	
R-3058	ND	NDM-5	CMY-42	Angola	32	16	>256	>256	32	YRIN
R-461	ND	NDM-1	CMY-42	France	32	16	>256	>256	64	YRIN
R-3038	ND	NDM-5	CMY-42	Angola	32	8	>256	>256	16	YRIN
R-3031	ND	NDM-5	CMY-42	Angola	128	8	>256	>256	32	YRIN
N-185	ND	NDM-5	CMY-42	Switzerland	32	8	256	256	16	YRIN
N-590	167	NDM-5	CMY-42	Switzerland	64	8	>256	>256	32	YRIN
N-1013	361	NDM-5	CMY-42	Switzerland	128	8	>256	>256	64	YRIN
N-1076	940	NDM-5	CMY-42, TEM-1B	Switzerland	64	8	>256	>256	32	YRIN
R-460	ND	NDM-1	CMY-42	France	>256	8	>256	>256	32	YRIN
R-3033	ND	NDM-5	CMY-42	Angola	64	8	>256	>256	16	YRIN
R-3040	ND	NDM-5	CMY-42	Angola	64	8	>256	>256	32	YRIN
R-3043	ND	NDM-5	CMY-42	Angola	64	8	>256	>256	32	YRIN
R-3029	ND	NDM-5	CMY-42, CTX-M group 1	Angola	32	8	>256	>256	32	YRIN
R-3039	ND	NDM-5	CMY-42	Angola	16	8	>256	>256	32	YRIN
R-3048	ND	NDM-5	CMY-42	Angola	16	8	>256	>256	32	YRIN
R-3054	ND	NDM-5	CMY-42	Angola	16	8	>256	>256	32	YRIN
N-57	ND	NDM-5	CMY-42	Switzerland	32	8	>256	256	32	YRIK
R-466	405	NDM-4	CMY-42, CTX-M-15, OXA-1	Cameroon	>256	8	>256	>256	16	YRIK
R-2222	ND	NDM-4	CMY-42	France	>256	8	>256	256	64	YRIK
R-474	ND	NDM-7	CMY-6	France	16	4	>256	>256	64	YRIN
N-6	ND	NDM-5	CMY-16	Switzerland	128	4	256	128	32	YRIN

2020

# Ceftolozane-tazobactam



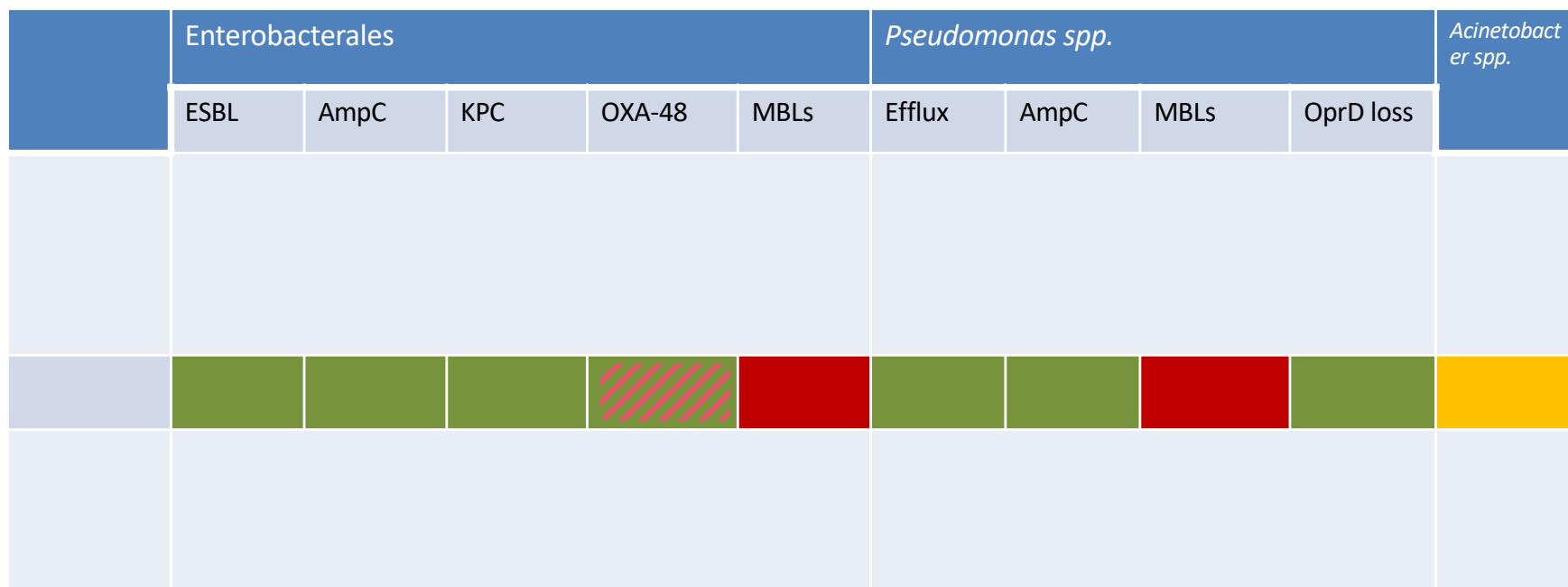
█ Active      █ Partial/unreliable activity  
█ Inactive      █ Potential resistance

# **Meropenem-vaborbactam**

## *K. pneumoniae* ompK36 porin mutation, non-functional OmpK35-37

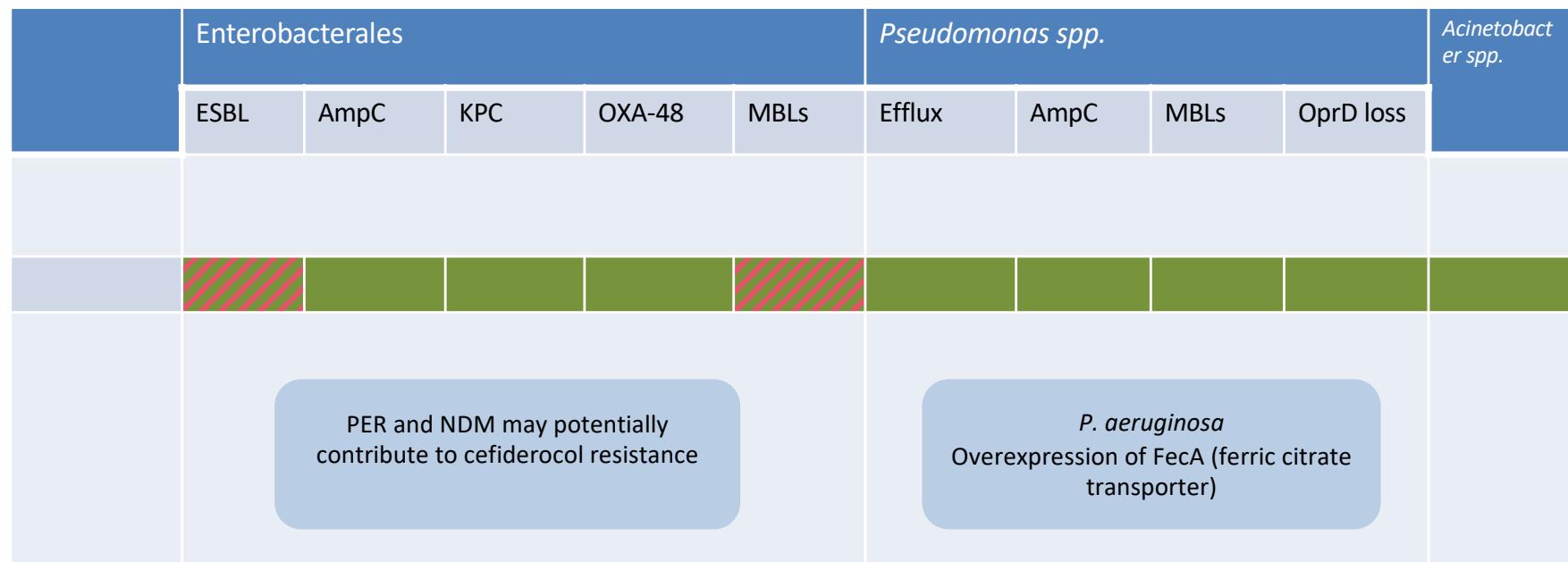


# Imipenem-relebactam



 Active       Partial/unreliable activity  
 Inactive       Potential resistance

# Cefiderocol



# Other antibiotics

Antibiotic	Enterobacterales				<i>P. aeruginosa</i>				<i>A. baumannii</i>
	ESBL	KPC	OXA-48	MBLs	Efflux	AmpC	MBLs	OprD loss	
Eravacycline	Active	Active	Active	Active	Inactive	Inactive	Inactive	Inactive	Active
Plazomicin	Active	Active	Active	Partial/unreliable activity	Partial/unreliable activity	Partial/unreliable activity	Active	Active	Partial/unreliable activity
Sulopenem	Active	?	?	?	?	?	?	?	?
Taniborbactam-cefepime	Active	Active	Active	Active	?				-
Enmetazobactam-cefepime	Active	Partial/unreliable activity	?	?	?	?	?	?	?





# WHO's 'priority pathogens' list highlights urgent need for new drugs

## Priority 1: Critical

- **Enterobacteriaceae, carbapenem-resistant, ESBL-producing.**
- *Pseudomonas aeruginosa*, carbapenem-resistant.
- *Acinetobacter baumannii*, carbapenem-resistant.
- 

Feb 27, 2017

## Priority 2: High

- *Enterococcus faecium*, vancomycin-resistant.
- *Staphylococcus aureus*, methicillin-resistant, vancomycin-intermediate and resistant.
- *Helicobacter pylori*, clarithromycin-resistant.
- *Campylobacter* spp., fluoroquinolone-resistant.
- *Salmonella*, fluoroquinolone-resistant.
- *Neisseria gonorrhoeae*, cephalosporin-resistant, fluoroquinolone-resistant.



## Priority 3: Medium

- *Streptococcus pneumoniae*, penicillin-non-susceptible.
- *Haemophilus influenzae*, ampicillin-resistant.
- *Shigella* spp., fluoroquinolone-resistant.

<https://www.who.int/news-room/detail/27-02-2017-who-publishes-list-of-bacteria-for-which-new-antibiotics-are-urgently-needed>. Last accessed 05.11.2019